**Application and payment form 08LMUMentoring**

Click here to enter text

**Name, First name (Mentee)**

- Click here to enter text

**Faculty Address (Mentee)**

Click here Click here Click here

**Bank account number Bank code Name of bank**

Click here Click here

**IBAN BIC**

(not necessary when applying for auxiliary staff and if the invoice is to be paid directly to the invoicing party)

**I hereby apply as a mentee within the framework ofLMUMentoring:**  
 auxiliary staff (enclose justification)

student assistant for - months and - SWS

other academic assistand with BA degree for - months and - SWS

academic assistant with Master-/ Magister’s degree for - months and - SWS

Start-up funding in the amount of 0,00 € (enclose project plan).

International Short Visits: a grant - 0,00 € for a stay of - weeks (enclose project plan and invitation from host institute).

Conference costs for Click here to enter text

In the amount of: 0,00 €  
(After approval of the travel allowance, a business trip application without reimbursement of costs must be submitted)

Childcare allowance in the amount of 0,00 €

Other: Fund for Click here to enter text in the amount of 0,00 €

Click here to enter text

Date Signature Mentee