



AG-Application-/Re-registration form

General:

AG's name	
i.a. abbreviation	
E-Mail	
Homepage	

Contact Person:

1. Person	
2. Person	

AG Account

Name of the person responsible	
RZ username of the person	
RZ username of teh AG	

Budget Request

Requested amount:		Financial year:	
-------------------	--	-----------------	--

Purpose of the budget:

The AStA hereby approves the budget:

approved sum:	
---------------	--

Place/Date

Signature AStA Chairperson

Stamp

Meeting point:

Place	
time	

Goals of the AG in the following fiscal year:

--

Attachments:

<input type="checkbox"/>	Activity report	<input type="checkbox"/>	Inventory list
<input type="checkbox"/>	Financial report	<input type="checkbox"/>	Form of AG personnel
<input type="checkbox"/>	Others:		

We have taken note of the AG Guidelines and are aware of their importance. We will diligently follow the contents and ensure compliance by all members. We are aware of the fact that we, contact persons, in the context of the annual application process to introduce ourselves in person.

_____	1. contact person	_____
Place / Date		signature
_____	2. contact person	_____
Place / Date		signature

Hiermit bestätigt der AStA die AG:

_____	_____	_____
Place / Date	Signature AStA Chairperson	stamp

Form of the AG Personnel:

AG's Name:	
------------	--

1. contact person:

Surname:	
Name:	
Phone number:	
E-Mail:	

2. contact person:

Surname:	
Name:	
Phone number:	
E-Mail:	

We will notify the AStA immediately of any change in our data. We have been informed that there is no insurance coverage for our work in the AG by the AStA. The AG is not covered by the AStA. In case of an accident or anything similar, our private insurances have to bear the damage. We will always act carefully during our work in the AG and in no way harm ourselves or our fellow human beings.

_____ Place / Date 1. contact person _____ signature

_____ Place / Date 1. contact person _____ signature

Other AG member (attach additional page if necessary):

Name	TU E-Mail