



AG application / re-registration form

General

AG`s name	
I.A abbreviation	
E-Mail	
Homepage	

Contact person

1 st person	
2 nd person	

AG Account

Name of the person responsible	
RZ Username of the person	
RZ Username of the AG	

Budget Request

Requested amount		Financial year	
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Purpose of the budget

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The AStA hereby approves the budget:

Approved sum	
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Place/Date

Signature AStA Chairperson

Stamp

Meeting point

Place	
Time	

Goals of the AG in the following fiscal year

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Attachments

	Activity report		Inventory list
	Financial report		Personal information form
	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.

_____	_____	_____
Place/Date	1 st contact person	Signature
_____	_____	_____
Place/Date	2 nd contact person	Signature

The AStA hereby confirms the AG

_____	_____	_____
Place/Date	Signature AStA Chairperson	Stempel



Recording of the AG personnel

AG Name	
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1st contact person

Surname	
Name	
Tel. number	
Email	

2nd contact person

Surname	
Name	
Tel. number	
Email	

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 1st contact person _____ Signature

_____ Place/Date 2nd contact person _____ Signature

Other AG members (attach additional page if necessary)

Name	TU Email