



Please note: Forms filled in by hand are not accepted.

Registration Form for New Instructors

Front side of form is for external instructors; reverse side of form is for instructors with a current public-law employment relationship at UZH.

External Instructor

This form must be submitted for new staff, for posted employees, and for staff returning to UZH.

Academic title: \_\_\_\_\_

Note on publication in the course catalogue: In the case of adjunct professors, privatdozents, or professors from other higher education institutions, -> please specify the name of the institution. Please enclose a copy of the doctoral degree diploma, if applicable.

Personal Details

To comply with tax law, a private residential address must be given.

Ms. O Mr. O

Last name: \_\_\_\_\_ Nationality: \_\_\_\_\_
First name: \_\_\_\_\_ E-mail address: \_\_\_\_\_
Date of birth: \_\_\_\_\_ Post office box: \_\_\_\_\_
Social insurance no. \_\_\_\_\_ Street name and no.: \_\_\_\_\_
Civil status: \_\_\_\_\_ Postal code: \_\_\_\_\_
Residence permit: \_\_\_\_\_ City/town: \_\_\_\_\_
Religion: \_\_\_\_\_ Country: \_\_\_\_\_

Bank Account Information

Important: Enter private bank account only!

IBAN: \_\_\_\_\_
Name of bank: \_\_\_\_\_
Country of bank: \_\_\_\_\_
Account holder: \_\_\_\_\_
Must be identical with name of instructor

Foreign Account Number without IBAN

Name and address of bank: \_\_\_\_\_
Bank account no.: \_\_\_\_\_
SWIFT code: \_\_\_\_\_
Routing no.: \_\_\_\_\_
If available
Account holder: \_\_\_\_\_

**Instructor with a current public-law employment relationship at UZH**

Ms.  Mr.

Last name: \_\_\_\_\_

Nationality: \_\_\_\_\_

First name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Academic title: \_\_\_\_\_  
*The information is published in the course catalogue*

Address of UZH/USZ institute/departement:  
*Name and address*

**Name of Institute / Department / Dean's Office / Specialist (to be filled in by UZH)**

**Details on Teaching Assignment**

Courses in/as of: \_\_\_\_\_

Subject: \_\_\_\_\_

Posting

No bank account information required

*Private-law mandate without pay / Posting*

Employee number: \_\_\_\_\_

*In case of current public-law  
employment*

**Address of Specialist**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Specialist for the subject: \_\_\_\_\_

Date: \_\_\_\_\_

Cost center/PSP element: \_\_\_\_\_

Salary classification

Instructor (A-D): \_\_\_\_\_