



CONFIRMATION OF HABILITATION EQUIVALENCE

Applicant (name):

BOKU Department / Institute

I herewith confirm the Habilitation Equivalence for guest professor

(name of guest professor) as described in the BOKU habilitation requirements:

http://www.boku.ac.at/fileadmin/data/H05000/H13000/Qualitaetssicherung/Anforderungen_an_die_Habilitation_2017.pdf

Remarks:

Date and Signature of the applicant