UNIVERSITY OF GOTHENBURG

Dnr

Excellent Teacher - application form

University of Gothenburg
PO Box 100
405 30 Gothenburg
Phone 031-786 1000 vx

Name

National identification number

Faculty

Department

Teacher's position

☐ Professor ☐ University lecturer ☐ Adjunct instructor ☐ Other teacher position

Teacher's employment

☐ Permanent employment at the university ☐ Other employment

The following documents are attached to the application:

1. Certificate from the Head of Department that the prerequisites are met.
2. Teaching portfolio in compliance with the format of university-wide guidelines.

Information and comments on the application:

I hereby apply to be considered for the academic title of *Excellent Teacher* at the University of Gothenburg.

Date

Signature .....

Printed name

Mail list Teacher
PIL Unit
Faculty administration
Registrar