



UNIVERSITÄTSGESELLSCHAFT OLDENBURG

**Application form for support by the University Society Oldenburg e.V.**

Name/ Title:

Universityaddress:

Member of University Society Oldenburg e.V.      yes       no

Telephone (easy-to-reach):

E-Mail:

Files application in following capacity:

Date of project:

Project (title): short description:

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Significance of the project:

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In which document the support of the University Society is being announced?

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Requested grant: .....

Date:.....Signature:.....

**Enclosures: - financial blueprint  
- filled in check list**