



Previous positions with the Canton of Zurich and/or at the University of Zurich

Last name, first name:

Institute, clinic:

*from	*to	Employment level	Department/institute/clinic/ seminar, etc.

** please enter exact dates*

Date and signature:

Send this form to the following address:

University of Zurich (UZH), Professorships Department, Künstlergasse 15, 8001 Zurich;
or by e-mail to: daniel.jud@prof.uzh.ch