



# Application form

## for a furnished ETH-visiting professors' apartment

Number of rooms

Number of beds

Rental start

Rental end

Location

ETH Zentrum ETH  
 Höggerberg

ETH full professor

Visiting professor\*

other guests/employee; please specify:

Female

Male

Title

Family name

Given name

Date of birth

Nationality

Email

Number of  
 accompanying person

\* Applications for visiting professors will only be approved with an enclosed protocol excerpt/form from the department conference.

### ETH professor submitting the application

Family name

Given name

Institut address

The institute will pay the rent and the end cleaning fees\*\*  
 The guest will pay the rent and and the end cleaning fees

### \*\*Information for the internal billing

Cost Centre

Budget holder

### Contact Person at ETH Institute

Family name

Given name

Phone

Email

### Remarks

Confirmation that the person paying the rent has read and accepted the "Rules & Regulations".

Date

Signature submitting ETH-Professor