Application for the Use of the Family Room Maria-von-Linden-Str. 1

Surname, First name: _____

E-Mail (Uni Account): _____

☐ Employee

Deparment / Research group

_____

Job description (Professor, PhD…):

_____

☐ Student

Degree

_____

Student number

_____

Declaration of Consent

I hereby confirm that I have read and accept the family room usage regulations. I agree to follow the rules and to leave the room and its equipment clean.

Place / Date: _____

Signature: _____

Please submit the completed and signed form via email to:
familyroom.mvl1@ai.uni-tuebingen.de