

STATEMENT OF FEES

In accordance with the Guidelines for the Awarding and Remuneration of Teaching Assignments in Undergraduate and Postgraduate Degree Courses at the Evangelische Hochschule Darmstadt, University of Applied Sciences (Teaching Assignment Guidelines [Lehrauftragsrichtlinie] – LARL)

Summer semester _____ Winter semester _____

Surname	First name
Street	
Postcode, town/city	
Telephone number	
Degree programme	Module/Course

Individual hours actually taught

Stand-alone sessions	Times	Block sessions
Dates	Time	
	from to	
	from to	
	from to	
	from to	
	from to	
	from to	
	from to	
	from to	

Total of _____ teaching units/Individual hours x fee rate of _____ = _____

Remuneration of examination activities in the case of a special examination workload (Section 9, paragraph 2 LARL)

Number of written examinations: term papers or written module examinations	Compensation per examination	Quantity	Amount in euros
up to 10 pages	€ 6.00		
up to 20 pages	€ 12.00		
up to 30 pages	€ 18.00		
more than 30 pages	€ 24.00		

Supervision of oral (module) examinations (Section 9 paragraph 4 LARL)

	Quantity	Amount in euros
Per 30 minutes of examination time		

Supervision and assessment of bachelor's or master's theses (Section 9 paragraph 3 LARL)

	Quantity	Amount in euros
First check – master's thesis		
First check – bachelor's thesis		
Second check – bachelor's or master's thesis		

Travel and accommodation costs (Section 11 LARL)

Please note: Travel and accommodations costs that were necessary in order to complete a teaching assignment or due to involvement in an examination will only be reimbursed on a pro-rata basis up to the full amount of the overall fee upon presentation of the original receipts and/or invoices. No travel and accommodation costs will be reimbursed within the city area of Darmstadt or Schwalmstadt-Treysa.

Second-class train / bus / public transport EUR _____

Car travel: Number of kilometres travelled _____ x EUR 0.30 = EUR _____

Other mode of transport (please specify): _____ EUR _____

Accommodation costs (in accordance with Section 11 paragraph 5 LARL) EUR _____

Total amount: _____ EUR

Please transfer the total amount to the following account:

IBAN																				
BIC																				
	Bank																			

Date: _____ Signature: _____

----- University notes (for internal use only) -----

Confirmation of the correctness of the details provided by the visiting lecturer

In the case of examination activities in accordance with Section 9 – Examination office: _____

When requested by the Accounting department – Dean: _____