



**UNIVERSITY OF TIRANA**  
**ACADEMIC STAFF PROMOTION COMMITTEE**

Candidate  
Number \_\_\_\_\_

**APPLICATION FORM <sup>1</sup>**

**FOR OBTAINING THE TITLE " PROFESSOR "**

Faculty \_\_\_\_\_

Department \_\_\_\_\_

Candidate Field \_\_\_\_\_

**I. PERSONAL DATA**

Name: _____ Surname: _____ Father's Name: _____ Date of Birth: (date) _____ (month) _____ (year) _____ Place of Birth (town/country): _____ Citizenship: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Personal Number: _____ Date of issue: (date) _____ (month) _____ (year) _____ Place of issue: _____	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 24px;">Photo</span> </div>
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<b>Permanent work address:</b>	<b>Address of residence</b>
Street: _____	Street: _____
No.: _____	No.: _____
Town/Country: _____	Town/ Country: _____
Telefon: _____	Telephone: _____
E-mail: _____	E-mail: _____
Fax: _____	Fax: _____

<sup>1</sup> **Instruction:** Complete the form by computer.

**II. DATA FOR STUDIES**

**2.1. DATA FOR BACHELOR STUDIES OR EQUIVALENT**

Please list all degrees earned in chronological order, starting with the most recent.

Title of Degree	Name of the institution that issued the degree	Town/ Country	Degree issue date	Degree number

**2.2. DATA FOR MASTER OF SCIENCE STUDIES OR EQUIVALENT**

Please list all degrees earned in chronological order, starting with the most recent.

Title of Degree	Name of the institution that issued the degree	Town/ Country	Degree issue date	Degree number

**2.3. DATA REGARDING THE SCIENTIFIC DEGREE OF “DOCTOR”**

Please list all degrees earned in chronological order, starting with the most recent.

Title of Degree	Name of the Institution that issued the degree	Town/Country	Degree issued date	Degree Number	Doctoral assessment

**III. DATA FOR THE ACADEMIC TITLE "DOCENT"**

Please fill in the data for the academic title.

Name of the certificate	Name of the institution that awarded the academic title	Town/ Country	Certificate Number	Certificate Issue Date

**IV. EMPLOYMENT DATA**

Please list in chronological order, starting with the most recent, all your work experience until this calendar year.

Employment center	Position	Town/Country	Years of work

**V. PROFICIENCY IN FOREIGN LANGUAGES**

5.1. Indicate the level of proficiency in foreign languages according to the scale (very good/ good/ sufficient/ weak).

LANGUAGE	Reading	Writing	Speaking	Type of certificate
English				

French				
German				
Italian				
Spanish				
Other				

**VI. DATA ON THE TEACHING ACTIVITY**

Please list in chronological order, starting with the most recent, the whole your teaching experience after being awarded the title "Associated Doctor"

Institution	Name of the study program	ACTIVITY AS A LECTURER FOR A CYCLE OF LECTURES (NUMBER OF SUBJECTS, NAME OF THE SUBJECT/S)	Years of work for giving lectures

**VII. DATA ON PHD SUPERVISION**

Please complete the information for postdoctoral studies.

The Higher Education Institution where you completed your postdoctoral studies	Total number of supervised doctorates	Number of doctorates defended	Number of doctorates in process

**VIII. DATA ON SCIENTIFIC AND PUBLISHING ACTIVITY**

Please fill in the information on scientific and publishing activities after obtaining the scientific title "Associate Professor"

Number of articles published	Number of references held in scientific activities	Number of monographs published	Number of participation in scientific committees and boards	Number of participations in research projects	Number of fundings granted for projects

**IX. THE PURPOSE OF THE REQUEST**

Argue the purpose of the request for obtaining the academic title " Professor" \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X. STATEMENT OF COMPLIANCE WITH STANDARDS AND CRITERIA**

I, the undersigned \_\_\_\_\_ under my responsibility, declare that the file prepared by me is drawn up in full compliance with the requirements of the legal and by-laws in force for obtaining academic titles and the requirements and criteria determined by the University of Tirana. For any inaccuracy or deficiency that may be noticed by the technical secretariat and by the evaluators, the responsibility is mine.

I also declare that all the information notified by me in this form and the documentation included in the file is true and complete. I am aware that false information is a sufficient reason for the denial of the right to accept my application and to deprive me of the right to the academic title earned if the falsehood is later discovered.

I declare that, in accordance with the legislation in force, I give my full consent to the processing of the data submitted by me by the organizations and persons entrusted by the University of Tirana.

Candidate's signature \_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_

Note: Unsigned form will not be accepted.