**Registration Form**

|  |  |  |
| --- | --- | --- |
|  |  | Publicity of data\*\*(please mark an X for data NOT public to other members, chapters) |
| Member | Chapter |
| Name\*: |  |  |  |
| Name at birth: |  |  |  |
| Mother’s name: |  |  |  |
| Date of birth: |  |  |  |
| Postal address (city, zip code)\*: |  |  |  |
| Postal address (no., street)\*: |  |  |  |
| Country\*: |  |  |  |
| Email\*: |  |  |  |
| Telephone number: |  |  |  |
| 1. Faculty\*: | Faculty\*: ELTE - ………....…………………….Major\*: ………….………………………………….Admission year\*: ………...…..Graduation year: .…..………… |  |  |
| 2. Faculty: | Faculty: ELTE - ………....………………………..Major:……………….…………………………………Admission year: ……………....Graduation year: …..………… |  |  |
| 3. Faculty: | Faculty: ELTE - ………....……………………….Major: ….………….…………………………………Admission year: ……………...Graduation year: .…..………. |  |  |
| Neptun code: |  |  |  |
| **Alumni Chapters**Please mark with an “X” towhich Alumni Chapter you wouldlike to join (multiplechoices are possible).**NOTE!** **Only the International Alumni chapter is in English.** | * **International Alumni (EN)**
* Faculty of Law
* Faculty of Humanities
* Faculty of Science
* Faculty of Informatics
* Faculty of Education and Psychology
* Faculty of Social Sciences Education
* Bárczi G. Faculty of Special Education
* Faculty of Primary & Pre-School Education
* University Dormitories
* Bibó István College
* Bolyai College
* Eötvös College
* Illyés Sándor College Angelusz Róbert Social Sciences College
* Pensioner Club
* SEK Alumni Chapter - Szombathely
 |  |  |
| Name of home university\*\*\*: |  |  |  |
| Name of home faculty\*\*\*: |  |  |  |
| Date of start at home university\*\*\*: |  |  |  |
| Date of due graduation at home university\*\*\*: |  |  |  |

\* Required fields. Otherwise the registration is not valid.
\*\* Those data marked with grey will be public for the proper functioning of the system.
\*\*\* Only in case of mobility program. Upon graduation at home university please inform us about its date!

I, the undersigned hereby declare that I would like to apply for a membership at the ELTE ALUMNI Network. I hereby authorize the Alumni Center to handle my personal data in relation with my membership.

Date: … (DD) … (MM) …….. (YYYY) Signature\*: ………………………………………………………..

**Attention!**

We inform you that the “Members” function on the Alumni website is only available for fully registered members. The Alumni Center enables the use of this feature if they receive the duly signed „Application Form”. On the “Members” site you can also build your desired profile in order to share your contact and other details with other members.

**Please return the filled and undersigned Registration Form to:**

ELTE Alumni Center

H-1056 Budapest, Szerb utca 21-23

(E-mail concerning registrations: titkarsag@alumni.elte.hu )

**More information:** http://alumni.elte.hu/registration