**Registration Form**

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| --- | --- | --- | --- |
|  |  | Publicity of data\*\*  (please mark an X for data 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:  (\* for ELTE students) | Faculty: …………………....…………………….  Major: ………….………………………………….  Admission year\*: ………...……………...….  Graduation year: .…..…………………….... |  |  |
| 2. Faculty:  (\* for ELTE students) | Faculty: …………………....………………………  Major:……………….…………………………………  Admission year\*: ……………...……………...  Graduation year: …..……………………...…… |  |  |
| 3. Faculty:  (\* for ELTE students) | Faculty: …………………....………………………  Major: ….………….…………………………………  Admission year\*: ……………...……………...  Graduation year: .…..……………………...…… |  |  |
| Neptun code: |  |  |  |
| Please mark with an “X” to  which chapter you would  like to join (multiple  choices are possible).  **NOTE!**  **Only the International Alumni chapter is in English.** | * **International Alumni (EN)** * Faculty of Education and Psychology * Faculty of Humanities * Faculty of Informatics * Faculty of Law * Faculty of Primary and Pre-School Education * Faculty of Science * Faculty of Social Sciences * Bárczi Gusztáv Faculty of Special Education * University Dormitories * Angelusz Róbert Social Sciences College * Bibó István College * Bolyai College * Eötvös College * Illyés Sándor College * Pensioner Club |  |  |
| Name of home university\*: |  |  |  |
| Name of home faculty\*: |  |  |  |
| Date of start at home university\*: |  |  |  |
| Date of due graduation at home university\*: |  |  |  |

\* Required fields  
\*\* Those data marked with grey will be public for the proper functioning of the system.

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](mailto:titkarsag@alumni.elte.hu)

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