

Membership of the Alumni Network of HHU

Heinrich Heine University Düsseldorf
Alumni Coordination Office
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1 Applicant

Form of address Female Male Title _____

First name _____

Family name _____

Maiden name _____

Date of birth . .

→ Maiden name only if different
from family name

Street, house number _____

→ E.g. 28.07.92

Postcode, town/city _____

Email _____

Status Graduate of Heinrich Heine University Düsseldorf
 Former employee of the University:

Graduation year Degree _____

Matriculation No. _____

Study programme _____

Current position* _____

* Voluntary

2 Alumni news

Yes, I would like to become a member of the Alumni Network of Heinrich Heine University Düsseldorf and receive news and information about the University, events and other activities by email and post.

3 Privacy statement

I consent to the saving and automatic processing of my personal details as indicated above for alumni purposes. Any data provided are used by the University solely for this purpose and not disclosed to third parties.

Date/Signature _____

4 Acknowledgement and acceptance

I have acknowledged and accept the privacy statement of HHU's Central Alumni Network. I may withdraw my consent in writing at any time, in which case my data will be deleted immediately.

Date/Signature _____

→ Please send your signed application to the Alumni Coordinator by fax, post or as a scan by email.