

Membership of the Alumni Network of HHU

Heinrich Heine University Düsseldorf
Alumni Coordination Office
Stefanie Folke-Sabel
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Alumni Coordination Office
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1 Applicant

Form of address	<input type="checkbox"/> Female <input type="checkbox"/> Male	Title	
First name			
Family name			
Maiden name			
Date of birth	_ _ . _ _ . _ _		
Street, house number			
Postcode, town/city	_ _ _ _ _		
Email			
Status	<input type="checkbox"/> Graduate of Heinrich Heine University Düsseldorf <input type="checkbox"/> Former employee of the University:		
Graduation year	_ _ _ _	Degree	
Matriculation No.			
Study programme			
Current position*			

→ Maiden name only if different
from family name

→ E.g. 28.07.92

* 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.