Alumni Registration

Please complete in CAPITAL LETTERS!

Stabsstelle Fundraising und Alumni
RWTH Aachen University
Templergraben 55
D-52062 Aachen, Germany

Phone +49/(0)241/80-95585 or –94768
Fax +49/(0)241/80-92392
alumni@rwth-aachen.de

Please use this form to register in the Alumni Database of RWTH Aachen University and to allow us to use your data for regular contact. This way you will be able to enjoy the free services offered by RWTH Alumni, such as the Alumni magazine „keepintouch“ or the monthly email newsletter mailed to your address. Please fill in the form as thoroughly as possible: the more information you provide us with, the better we will be able to keep you informed. Thank you very much! Alternatively, you can also register online: http://www.rwth-aachen.de/alumni-portal.

Important: The information that you provide us with is optional. Please note, however, that your form can only be processed if you fill in all the fields marked with an asterisk (*).

First-time Registration □  Update □

□ former employee  □ emeritus professor

□ Enrollment as Research Alumnus/Alumna:
  (research alumni: junior and senior scientists, former guest professors or research fellows at RWTH Aachen University)

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<th>Personal Details (Please complete where applicable)</th>
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<td><strong>Title</strong> * □ Mrs. □ Mr.</td>
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<td><strong>Surname</strong> *</td>
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<td><strong>First name</strong> *</td>
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<td><strong>Date of birth</strong> *</td>
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<th>Contact Address</th>
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<tr>
<td>**Email Address (home) ***</td>
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<td>(Important for access to the Alumni-Portal)</td>
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<td>**Street Address ***</td>
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<td>**Postal Code *** □</td>
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Information about studies/research and programs at RWTH Aachen University

Course of Studies * ____________________________ Specification ____________________________
Ph.D. ___________________________________ Year of Habilitation ____________________________
Habilitation ____________________________ Year of Habilitation ____________________________
Faculty * ____________________________ Institute * (Please write out fully) ____________________________
Length of study * from WS/SS ____________ until WS/SS ____________________________
Type of Diploma ____________________________

Research stay at RWTH supported by (for example by Humboldt Foundation, ERS, etc.)

from ____________________________ until ____________________________
Faculty ____________________________ Institute ____________________________

Exchange semester
☐ at RWTH ☐ abroad
Home University ____________________________ Guest University ____________________________

Programs and Fundings
☐ Education Fund ☐ Ciência sem Fronteiras (CsF) ☐ DAAD ☐ ERASMUS ☐ ERS
☐ Haus der Technik ☐ International Academy ☐ T.I.M.E. ☐ UNITECH ☐ UROP
☐ Other ____________________________

Professional Details and Current Position

Name of Employer ____________________________ Branch ____________________________
Position/Department ____________________________
City ____________________________ Country ____________________________
Telephone (Int. Code) ____________________________ Email address (work) ____________________________

Information about alumni activities or other memberships

☐ proRWTH
Other (International) RWTH Alumni Club ____________________________
Other alumni activities ____________________________

Media subscription

Magazine „keep in touch” (twice a year), in German ☐ Contact Address
Alumni-Newsletter (E-Mail), monthly, in German/English ☐ E-Mail (home) ☐ Work E-Mail

Declaration of Agreement

I hereby give RWTH Aachen University the permission to use the above data in order to keep in regular contact with me as an alumns/ alumna. For this purpose the University stores this data in a database for alumni relationship management, for example to send out information material, invitations, etc. The data can only be changed on the basis of information sent by me. The Alumni Team will not make my data available to other parties. I am aware that I can revoke this permission in writing at any time in the future, upon which my data will be deleted without delay.

Place, Date ____________________________ Signature of Alumnus/Alumna ____________________________