*LIBRARY ENROLLMENT*

**Please fill in the form in block letters and in legible form.**

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| --- | --- |
| **FIRST NAME:** |  |
| **LAST NAME:** |  |
| **BIRTH PLACE AND DATE:** |  |
| **FACULTY:** |  |
| **STUDIES:** |  |
| **ADDRESS:** |  |
| **E-MAIL ADDRESS:** |  |
| **PHONE NUMBER:** |  |
| **NEPTUN CODE:** |  |
| **HUNGARIAN CONTACT PERSON:** |  |
| **DATE:**  |