



PRO PATRIA

LUDOVIKA-UPS ALUMNI ASSOCIATION REGISTRATION APPLICATION FOR ACTIVE MEMBERSHIP¹

PERSONAL DATA

Name*:

Name at birth*:

Place of birth*:

Date of birth (year, month, day)*:

Mother's name at birth*:

Citizenship*:

Neptun code*²:

CONTACT DETAILS

Mailing address*:

E-mail address*:

Phone number:

Social media:

RELATIONSHIP WITH THE NATIONAL UNIVERSITY OF PUBLIC SERVICE OR ITS PREDECESSOR INSTITUTIONS*³

- student
- lecturer, researcher, teacher
- other employee

If you are a **current or former student** of the University or one of its predecessor institutions, **please provide your study details!**

¹ Providing the data marked with an asterisk (*) is a condition for the acceptance of the registration application. Providing data not marked with an asterisk (*) is not mandatory and is therefore not a condition for registration.

² If Student is selected under the Relationship category and the start of student status is 2003 or later, the Neptun code is mandatory, except where the faculty is the Faculty of Law Enforcement. In that case, it is mandatory if the start of student status is 2012 or later.

³ At least one form of relationship must be indicated.

Institution*:

Faculty*:

Level of programme*:

Programme*:

Specialisation*:

Start of student status (year)*:

End / expected end of student status (year)*:

If you are a current or former lecturer, teacher, researcher or other employee of the University or one of its predecessor institutions, please provide your employment details:

Institution*:

Organisational unit*:

Start of employment/legal relationship (year)*:

End of employment/legal relationship (year)*⁴:

CURRENT EMPLOYMENT DETAILS

Employment sector: Public service Private sector

Field of employment*⁵:

Name of workplace:

Position held:

PROFESSIONAL DATA

Doctoral degree: YES NO

Other academic degree:

Membership in professional/scientific organisation:

Professional/scientific awards or recognitions:

Other achievements:

⁴ Please provide this if the legal relationship has already ended.

⁵ If you graduated from the University or one of its predecessor institutions, please indicate as follows: field fully corresponding to your qualification / field partially corresponding to your qualification / field completely different from your qualification. Please also specify the field, for example education, healthcare, etc.

ALUMNI CARD REQUEST*

- I will collect it in person
- I request delivery by post
- I do not request a card

CONSENT TO DATA TRANSFER*

For the purpose of establishing contact, I consent to the transfer of the following personal data provided by me in this registration application to other Alumni members:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Name and relationship with the University or its predecessor institution | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Name at birth | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Mailing address | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Other contact details | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

I hereby declare that I am aware that this consent is voluntary, is not a condition for the acceptance of the registration application, and may be withdrawn at any time.

I have read and accepted the University's Alumni Regulation⁶ and the Registration and Data Processing Conditions for the establishment of active membership in the Alumni Association⁷.

Place and date:....., 20.....

.....
Signature

⁶ <https://en.uni-nke.hu/document/en-uni-nke-hu/ALUMNI%20REGULATION%20OF%20THE%20NATIONAL%20UNIVERSITY%20OF%20PUBLIC%20SERVICE.pdf>

⁷ <https://www.uni-nke.hu/oktatas/alumni-kozossege/alumni-regisztracio>