Study Carrel Application at Science Branch Library

To be filled out by the applicant *(in block letters)*

Name (Last, First)_____

CampusCard/Library Card _____ (HUHS.../HUUB...)

Home Address: _____

_____

Email: _____

I am *(please check)*:

- ☐ Employee at Humboldt-Universität
- ☐ Student at Humboldt-Universität in the ___ semester / subject:

  _____
- ☐ Visiting scientist at: _____(*please fill in and provide prove*)

I need the study carrel for my *(please check)*:

- ☐ Dissertation
- ☐ Bachelor-/Masterthesis
- ☐ different reason: _____
- ☐ publication
- ☐ exam preparation

I need a carrel for the month of _____ (*please insert month)*

The claim of the study carrel expires, if it is not occupied at the appointed time. Then you must fill out a new application.

I have received, read and approved the policies that govern the use of study carrels.

_____ _____

Date **Signature**

Bearbeitung durch Bibliotheksmitarbeiter/in an der Theke ***bei Erstausgabe*** *des Arbeitskabinenschlüssels.*

☐ Adresse & Telefonnummer abgleichen

☐ Gebühren abkassieren ☐ E-Mailadresse

Übergabe der *Arbeitskabine* _____ am: _____

Datum, Kürzel Bibliotheksmitarbeiter*in

**Endgültige Rückgabe wird auf dem Belegungsplan quittiert*