

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

publication

Bachelor-/Masterthesis

exam preparation

different reason: _____

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.*

Anschrift abgleichen

Gebühren abkassieren

E-Mailadresse

Übergabe der *Arbeitskabine* _____ am:

Datum, Kürzel Bibliotheksmitarbeiter*in

**Endgültige Rückgabe wird auf dem Belegungsplan quittiert*