Researcher's Registration Form

Please fill in BLOCK letters

Full Name: _____ Date: _____

Address: Local Abroad

_____ _____

_____ _____

_____ _____

Status: Researcher on Contract ☐ Full-Time Faculty ☐

Part-Time Faculty ☐ other (*specify*) _____

Department: _____

E-mail: _____

Tel: _____ Mobile: _____

To be completed by Intercollege Administration:

Head of Research Dept/Research Project: _____

Topic(s) of Research: _____

_____

_____

Period of Research (*approximately*): From _____ to _____

Name: _____ Library Director: _____

Signature: _____ Signature: _____

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