

Registration for use of the library as a day guest

General information			
Last name:			
First name:			
E-Mail address:			
Home country:			
University / Institution:			
Professional status			
☐ Doctoral Candidate	☐ Student	ı	
Purpose Nature of academic wo	rk: (e.g. doctoral disse	ertation, master'	s thesis etc.)
Topic of research: (e.g. s	subjects and countries	of interest)	
Date of desired day vi	sit		
For internal use:			
Bibliothek: Zugelassen	für		Handzeichen:



The following materials are needed and are unavailable in other Hamburg libraries:

Call number:
Author, title:
Year, volume number:
Call number:
Author, title:
Year, volume number:
Call number:
Author, title:
Year, volume number:
Call number:
Author, title:
Year, volume number:
Call number:
Author, title:
Year, volume number: