


I:

Name		CPR number
Date	Signature	

grand power of attorney to:

Name Danaitovabbtanulas.dk / Study and Work Travel Agency		
Address Feliceni nr. 155		
Postal code 537095	City Feliceni	Phone number +36 204105 892
Mobile phone number +40 745 876 302	E-mail info@danaitovabbtanulas.dk / info@studyandworktravel.com	
Date 01.02.2021	Signature 	

In the application year

2	0	2	1
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on my behalf to apply for higher education in the sated priority. I also grand power of attorney to accept an offered study place

Priority	Admission area no.	Name of programme	Education institution	Standby (mark if applied)
1				
2				
3				
4				
5				
6				
7				
8				