

POWER OF ATTORNEY

The undersigned

Full name: _____

Date of birth: _____

e-mail: _____

hereby grants:

Name of agent: Study and Work Travel Agency / Daniaitovabbtanulas.dk

e-mail: info@studyandworktravel.com / info@danaiatovabbtanulas.dk

phone No.: +36 20 410 5892 (HU) / +40 745 876 302 (RO)

Power of Attorney:

- ✓ To sign and submit applications for admission to universities and other institutions of higher education of my choice in Denmark on my behalf for a period of 18 months from the date of my signature
- ✓ To act on my behalf to ensure enrolment to universities and other institutions of higher education of my choice in Denmark to the extent allowed by the agency agreement between the institution and Study and Work Travel Agency/Daniaitovabbtanulas.dk
- ✓ To request and receive information from the institution concerning my enrolment, including examinations, graduation, attendance and expulsion, if any, for a period up to three years from the date of my signature
- ✓ To forward a copy of this power of attorney to the institution

Under criminal liability, I also declare that all information given to the agent or provided by me directly to your institution in order to achieve admission is true and correct, to the best of my knowledge.

Finally, I confirm that I have received the following information:

- ✓ The agent has the right to verify that a copy of a document corresponds with the original document, but not that a document or a copy of such is otherwise genuine or issued by a specific institution or authority
- ✓ The agent has the right to translate diplomas and transcripts of grades into English
- ✓ The agent does not have the right to evaluate whether the admission requirements of a programme have been met
- ✓ The agent's actions or omissions on my behalf are binding on my behalf.

Date (day/month/year)

Signature