


I:

| | | |
|------|-----------|------------|
| Name | | CPR number |
| Date | Signature | |

grand power of attorney to:

| | | |
|---|--|----------------------------------|
| Name SCANDINAVIAN STUDY SLOVAKIA | | |
| Address CUKROVA 14 | | |
| Postal code 81108 | City BRATISLAVA | Phone number +421 917 181 408 |
| Mobile phone number +421 917 181 408 | E-mail eva@scandinavianstudy.com | |
| Date 7.1.2019 | Signature  | |

In the application year

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| 2 | 0 | 1 | 9 |
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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) |
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