

POWER OF ATTORNEY

The undersigned

Full name: _____

Date of birth: _____

Civil registration no.: _____

Country: _____

E-mail: _____

Telephone no. _____

hereby grants:

Agency: Study Start

E-mail: info@studystart.lv

phone No.: +45 28343544

Power of Attorney:

- To sign and submit applications for admission to Partner institutions: Business Academy Aarhus, Business Academy SouthWest, Copenhagen School of Design and Technology, Dania Academy of Higher Education, International Business Academy, UCL Erhvervsakademi og Professionshøjskole, University College of Northern Denmark, VIA Design, VIA University College, Zealand Institute of Business and Technology, Copenhagen Business Academy, hereinafter referred to as "Partner institutions" on my behalf for a period of one year from the date of my signature
- To act on my behalf to ensure enrolment at Partner institutions to the extent allowed by the agency agreement between the agent and Partner institutions.
- To request and receive information from Partner institutions 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 Partner institution.

Under criminal liability, I also declare that all information given to the agent or provided by me directly to Partner institutions in order to achieve admission at Partner institutions 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