

POWER OF ATTORNEY

You give the agency Study Start power of attorney to apply on your behalf.

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:

On my behalf to apply for higher education in the stated priority. I also grand power of attorney to accept an offered study place:

PRIORITY	NAME OF PROGRAMME	EDUCATION INSTITUTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Date (day/month/year)

Signature