

I:

Name		CPR number
Date	Signature	

**grand power of attorney to:**

Name		
Address		
Postal code	City	Phone number
Mobile phone number	E-mail	
Date	Signature	

**In the application year**

2 0
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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				