

I:

Name		CPR number
Date	Signature	

**grand power of attorney to:**

Name		
SCEDA - Scandinavian Education Agency - Hungary - Balance Universal Kft.		
Address		
96. Bartok Bela ut		
Postal code	City	Phone number
1112	Budapest, Hungary	
Mobile phone number	E-mail	
+36 30 510 9804	info@sceda.eu	
Date	Signature	

**In the application year**

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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				