Power of attorney

I:

Name	CPR-nummer

Date	Signature

grant power of attorney to:

Name		
Adress		
Postal code	City	Phone number

Mobile phone number	E-mail

Date	Signature

in the application year

2 0

on my behalf to apply for the following programmes in the stated priority. I also grant power of attorney to accept or decline an offered study place.

Priority	Name of programme	Educational institution
1		
2		

For Name of programmes and Educational institution (Campus) please go to:
https://www.cphbusiness.dk/english/applicants/admission-winter#degreeprogrammes-winter

This document must be enclosed with the application.