

University of Szeged
Faculty of Health Sciences and Social Studies
6726 Szeged, Temesvári krt. 31.

AUTHORIZATION
for dealing with cases in academic issues

I, undersigned

Name:

NEPTUN-code:

Passport number:

Address in Hungary:

give the authorization to

Name:

Passport number or ID card number:

Address in Hungary:

to deal with the case detailed here in my name and place:

.....

.....

in the International Office, Faculty of Health Sciences and Social Studies, University of Szeged.

Date:.....

.....
signature of the authorizer

.....
signature of the authorized person

In the presence of witnesses:

Witness (1) Name:

Signature:

ID card number or passport number:

Address:

Witness (2) Name:

Signature:

ID card number or passport number:

Address: