

## 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		
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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-summer/#degreeprogrammes-summer>

This document must be enclosed with the application.