

Authorization

Hereby I, _____ ,

born on _____ , uni-assist applicant no. _____ , authorize

Mr./ Mrs./ Ms _____ ,

born on _____ , to get full information on my study applications by uni-assist e.V. as

well as to act in my place and to issue statements on my behalf.

This authorization remains valid until it is revoked in writing..

(Place, Date)

(Signature)