

**THIRD PARTY AUTHORIZATION
TO SUBMIT DOCUMENTS OF A CANDIDATE FOR STUDIES AT MAGDALENA
ABAKANOWICZ UNIVERSITY OF THE ARTS POZNAN**

Name and surname of the person granting authorization.....

Identity card number.....

Permanent residence address

Phone number.....

I, the undersigned, authorize Mr/Mrs.....

....., holder of an ID card series/number:

..... to submit on my behalf a set of documents
required for admission to the first year of studies.....

..... (*please specify first degree/second degree respectively*),

..... (*please specify full-time/part-time as appropriate*), field of
study.....

.....

Date and signature of the person granting authorization