

STATEMENT OF REPRESENTATION
ACADEMIC YEAR: 2020/2021

LEGAL NAME (WRITE NAME EXACTLY AS IT APPEARS ON OFFICIAL DOCUMENTS)

FIRST/GIVEN NAME: _____

FAMILY/SURNAME: _____

DREAM APPLY ID : ____ ____ ____ ____
(4 DIGIT NUMBER)

By signing this document of my own free will, I declare that the only official representative/
agent/agency helping me in the application process of the University of Szeged, Hungary is:

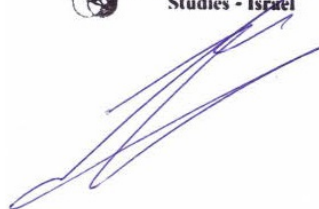
(NAME OF THE REPRESENTATIVE/AGENT/AGENCY)

SIGNATURE OF THE APPLICANT

SIGNATURE OF THE REPRESENTATIVE/AGENT/AGENCY

DATE (MM/DD/YYYY)

 University International
Studies - Israel



WITNESS 1

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: _____

WITNESS 2

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: : _____