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

University International Studies - Israel

_____
SIGNATURE OF THE REPRESENTATIVE/AGENT/AGENCY

_____
DATE *(MM/DD/YYY)*

WITNESS 1

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: _____

WITNESS 2

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: : _____