

STATEMENT OF REPRESENTATION
ACADEMIC YEAR: 2024/2025

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

FIRST/GIVEN NAME: _____

FAMILY/SURNAME: _____

DREAM APPLY ID : ____ ____ ____ ____ ____
(4 OR 5 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)*

WITNESS 1

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: _____

WITNESS 2

NAME: _____

ID CARD NUMBER: _____

SIGNATURE: : _____