STATEMENT OF REPRESENTATION ACADEMIC YEAR: 2026/2027

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

FIRST/GIVEN NAME:	
FAMILY/SURNAME:	
DREAM APPLY ID:	
By signing this document of my own free will, I do	eclare that the only official representative/
agent/agency helping me in the application proces	s of the University of Szeged, Hungary is:
(NAME OF THE REPRESENTATIVE/AGENT/AGENCY)	
SIGNATURE OF THE APPLICANT	
SIGNATURE OF THE REPRESENTATIVE/AGENT/AGENCY	
DATE (DD/MM/YYYY)	
WITNESS 1	WITNESS 2
NAME:	Name:
ID CARD NUMBER:	ID CARD NUMBER:
SIGNATURE:	SIGNATURE: :