AUTHORIZATION

I, the undersigned	
Name:	.Surname:
PESEL number:	
residing in:	
I authorize	
Ms/Mr Name:	Surname:
series and number of identity docu	ment:
residing in:	

to act on my behalf in performing the required actions related to the recruitment process for studies at the Rzeszów University of Technology for the academic year 2025/2026, in particular to:

- delivery of a secondary school certificate or diploma and other additional documents required from the person admitted to studies,

- signing all documents related to the study, in particular the personal questionnaire (SIR application form),

- receipt of a referral for medical examination,

- receipt of the decision not to enrol to studies and filing an appeal.

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legible signature of the person granting the authorization