UNIVERSITY OF MANNHEIM

Authorization

I,

_____

(First name / last name of applicant – please use block letters)

hereby authorize my parent

_____

(First Name / last name – please use block letters)

or as a person of trust

_____

(First Name / last name – please use block letters)

to carry out all actions which are required in the application and/or immatriculation process for me as an applicant of the University of Mannheim. Furthermore, the authorized person is empowered to accept all notifications, messages as well as deliveries.

_____ den, _____

(Place) (Date)

_____

(Signature)

Please note:
As authorized person, you need to submit the authorization together with all the required application documents.