**POWER OF ATTORNEY**

I: ………………………………………….., born on ……………………..,

 Name and surname Date

Student : ……………………………………………………………………..,

 Name of study programme

year of study: …………………………… hereby appoint and make:

………………………………………………………………………………

Name and surname

as my attorney-­in-fact who shall have full power and authority to represent me and act on my behalf for ONLY the following matter(s):

Enrolment into study in academic year 202\_/202\_

at the Faculty of Agrobiology, Food and Natural Resources of the Czech University of Life Sciences in Prague.

In (name of town)………………………..…………. on (date)

.………………………….

…………………………………………

Signature