

AUTHORIZATION FOR COLLECTION OF DOCUMENTS

1. STUDENT DETAILS	
SURNAME(S):	
NAME:	
ID/PASSPORT NUMBER:	
PROGRAMME OF STUDIES: <input type="checkbox"/> PLAN 66 <input type="checkbox"/> LOGSE <input type="checkbox"/> LOE	
SPECIALTY:	PROGRAMME:

2. AUTHORIZATION GRANTED TO:	
SURNAME(S):	
NAME:	
ID/PASSPORT NUMBER:	

3. DOCUMENTS TO BE COLLECTED:	
<input type="checkbox"/> ACADEMIC CERTIFICATION <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER (Detail the exact document)	

4. DOCUMENTS ATTACHED:	
<input type="checkbox"/> PHOTOCOPY OF THE ID CARD/PASSPORT OF THE APPLICANT	

Date:

Signature: