Name and surname of the applicant	
Applicant's permanent address	
Post and place of residence of the applica	nt
AUTHO	RISATION
I, the undersigned applicant	, hereby authorise:
name and surname	, <b>X</b>
address (street, no., postal code and place	
to represent me in the procedure for adn dom Ljubljana, Dormitory for postgradu decision of the Admissions Committee.	nission or extension of stay in Študentski uate students Ljubljana, until the final
Place and date	
I accept the authorisation:	
Signature of the authorised person	Signature of the grantor of authorisation