



Representative Authorization Form

Please fill out and sign this form together with the person you want to be represented by in matters regarding your application for admission to one of the University of Groningen its Bachelor's degree programs when dealing with the Admissions Office.¹

Scan and send this form digitally to the Admissions Office (admission@rug.nl) from the e-mail address you have initially provided in your Studielink application. It is only after you have received a confirmation on our behalf that authorization is granted.

Hereby, I (applicant):

Name: _____

Student number: _____

Date of birth: _____

Bachelor's degree program: _____

Grant authorization to (representative):

Name: _____

Date of birth: _____

Relationship to applicant: _____

To represent me in matters relating to my application for admission to one of the Bachelor's degree programs of the University of Groningen.

I understand that it is my own responsibility that information provided by the Admissions Office to my representative is shared with and known to me.¹¹

Date: _____

Signature applicant:

Signature representative:

¹ This authorization form is exclusively meant for the representation of the applicant in admissions related matters when dealing with the Admissions Office of the University of Groningen. The authorization cannot be used for other purposes when dealing with other departments of the University of Groningen.

¹¹ No rights can be derived from this authorization form