POWER OF ATTORNEY

I, the undersigned

…………….……….……….……….……….……….……….…. (name and surname)

born on …………………… ...., address of permanent residence …………………..………,

………………………………………………………………………………………………………………………….…….

(hereinafter the "Principal"),

I grant the power of attorney to

………………………………………………………………… ..

(name and surname)

born on ……………………...., permanent address ……….…………………………………………,

(hereinafter the "Agent")

to represent me in all matters and in negotiations with the Czech Technical University in Prague, in particular:

1. make a request on my behalf for recognition of foreign higher education and qualifications (nostrification),

2. Receive all documents served in connection with the nostrification.

This power of attorney is granted for the duration of my application for nostrification.

Date ………………….…..

Authorized signature of principal: ………………………………………………………….…. ……

Date ………………….…..

Authorized Signature of Agent: ………………………………………………………………………