

STATEMENT OF A STATUTORY REPRESENTATIVE¹

PARTICULARS OF PARENTS/LEGAL GUARDIANS²	CHILD'S/WARD'S PARTICULARS
<p>1. _____ <i>(given name and surname)</i></p> <p>_____</p> <p><i>(address)</i></p> <p>_____</p> <p><i>(series and number of passport/identity card)</i></p> <p>_____</p> <p><i>(date of issue)</i></p> <p>_____</p> <p><i>(issuing country)</i></p> <p>_____</p> <p><i>(phone number and email address)</i></p>	<p>_____</p> <p><i>(given name and surname)</i></p> <p>_____</p> <p><i>(address)</i></p> <p>_____</p> <p><i>(series and number of passport/identity card)</i></p> <p>_____</p> <p><i>(date of issue)</i></p> <p>_____</p> <p><i>(issuing country)</i></p> <p>_____</p> <p><i>(phone number and email address)</i></p>
<p>2. _____ <i>(given name and surname)</i></p> <p>_____</p> <p><i>(address)</i></p> <p>_____</p> <p><i>(series and number of passport/identity card)</i></p> <p>_____</p> <p><i>(date of issue)</i></p> <p>_____</p> <p><i>(issuing country)</i></p> <p>_____</p> <p><i>(phone number and email address)</i></p>	

I, the undersigned, acting as the statutory representative of my child/ward on the basis of the submitted³:

- child's birth certificate,
- other document: _____⁴

in view of the fact that the above-mentioned child/ward is applying, with my consent, to Adam Mickiewicz University in Poznan:

I. I hereby consent:

- 1) that my child/ward participate in the admission process to Adam Mickiewicz University in Poznan, in the following programme: _____
 - a) level of studies:
 - long-cycle studies

¹ The wording in this form is the minimum required content for the Statement of a statutory representative.

² Persons authorized to represent the minor

³ Documents in language other than Polish must be submitted together with translations performed by a sworn translator.

⁴ If a minor is not represented by parents, you need to specify the document authorizing you to represent the minor, if it is not a birth certificate (e.g. court order on establishing guardianship and appointment of a guardian)

- first-cycle studies
- b) type of studies:
- full-time
 - part-time,
- 2) that my child/ward undertake and continue studies specified in point 1, including filing application to abandon studies, filing any other documents and declarations connected with undertaking the studies specified in point 1), their course and completion, including any requests and applications (also those resulting in financial obligations towards Adam Mickiewicz University),
 - 3) that my child/ward/attorney-in-fact⁵ enter into an agreement on collection of fees in connection with studies specified in point 1), and terminate this agreement and I declare that I know and approve the content of this agreement and financial obligations resulting therefrom,
 - 4) that my child/ward/attorney-in-fact⁶ file an application for a dormitory housing for my child/ward; that my child/ward enter into lease agreement for dormitory housing and terminate this agreement, and I declare that I know and approve the content of this agreement and financial obligations resulting therefrom⁷,
 - 5) that my child/ward/attorney-in-fact⁸ sign a statement on reading the information of personal data processing,
 - 6) that my child/ward/attorney-in-fact⁹ receive any correspondence from Adam Mickiewicz University in Poznan addressed to me, as the statutory representative;
- II. **I confirm** any and all statements, applications, petitions, requests, consents and other acts-in-law performed so far by my child/ward in connection with the admission process and course of studies at Adam Mickiewicz University in Poznan;
- III. **I declare that** I am aware that Adam Mickiewicz University in Poznan is not responsible for providing care to minors during their studies and if the child is admitted to AMU, I shall provide such care myself, as I see fit;
- IV. **I declare that** I am authorized to act alone as regards the scope of this Statement, which is confirmed by the following document: _____¹⁰;
- V. **I declare that** I have read the documents found at: <https://rekrutacja.amu.edu.pl/>,
- VI. **I declare that the authorization for my child/ward to act alone in the above-mentioned matters is granted until the child/ward attains the age of _____, at which a person has full capacity to perform acts-in-law - thereafter, in accordance with the law, the child/ward may act in his/her own name to perform any acts-in-law.**

(place and date)

(signatures of parents/legal guardians certified by a notary)¹¹

⁵Delete as appropriate

⁶Delete as appropriate

⁷Delete if it does not apply to the person

⁸Delete as appropriate

⁹Delete as appropriate

¹⁰Delete if the statement is made by both parents/ legal guardians. If the statement is made by one parent/legal guardian, then a copy of a document authorizing to make declarations alone needs to be submitted, e.g. power of attorney from the other parent/legal guardian, death certificate of the other parent/legal guardian, court order etc..

¹¹If the signature is not certified by a Polish notary but by a public officer of another country, an apostille must be attached.