**Power of Attorney**

I, the undersigned………………………….. ………………………………………………………………………………………………………..

born on/…………………..............................................in…. ……………………...........................................................,

residing at………… ……….. ………………………………………………………………………………………………………………………….,

UKČO ……………………………………

hereby empower

Mr./Mrs…………………......................................................................................................................................,

UKČO ......................................,

employee of Charles University, Faculty of Science

to handle the following matters related to study at the Charles University Faculty of Science:

 a) decisions regarding the awarding of scholarships and confirmation of the delivery of such decisions with the exception of decisions on the reduction, not awarding or withdrawal of scholarships

b) waiving the right to appeal such scholarship award decisions with the exception of decisions on the reduction, not awarding or withdrawal of scholarships

This power of attorney is issued for the duration of my study at the Charles University Faculty
of Science

In...................................................date.................................

 .............................................................

 Notarized signature

The original power of attorney submit to the empowered person