PROXY FORM TO COLLECT PHD DIPLOMA (PARCHMENT)

The undersigned (name and surname)	
Born in (City / Country/ State)	
on that attended the PhD C	ourse in
,	permanent address: street
r	o City
Country / State	
authorize, under his own	n responsibility,
Mr. / Mrs. / Miss (name and surname) born in (City / Country/ State)	
on to collect his / her own	
Date,	
Signature	

Attached:

- 1 Copy of a valid ID document (ID card / passport) of the applicant 2 Copy of a valid ID document (ID card / passport) of the delegated person