**Power of Attorney**

Herewith, I (name)　　　　　　　 authorize (name)　　　　　　　　 to carry out the procedure for me because I have something to do and cannot handle
　　　　　　　　　 personally.

To:

Office of Academic Affairs, National Sun Yat-Sen University

Authorizer

Name: (Signature/stamp)

Student No.:

Department/institute:

ID number:

Household address:

Phone number:

Authorizee **(It is necessary to present the ID card)**

Name: (Signature/stamp)

ID number:

Household address:

Phone number:

Date: