# bandieraUK

# Competitive examination for admission to Research Doctorate Programs

# **DISTANCE ORAL examination request form**

(Article 7 of the Announcement)

**NOTE**: filling in this document shall not amount on its own to registration for the competitive examination. This form shall be filled in, signed and attached, together **with a photocopy of an identity document**, to the application for admission to the competitive examination

**I, the undersigned**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | | |
| Name: |  | | |
| Sex: | M | F |  |
| Birth: | Date | |  |
| Town | |  |
| Country | |  |
| Residing in: | Town | |  |
| Country | |  |
| E-mail | |  |
| Home for:   |  |  |  |  | | --- | --- | --- | --- | | STUDY |  | WORK |  |   (Mark) | Town | |  |
| Country | |  |

**ASK**

to be admitted to take the Oral Exam required for admission to the PhD in (name of the PhD course) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

electronically through the **Microsoft Teams platform** for the following **REASON** (*specify if expressly requested in the PhD course form*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and, for this purpose, I communicate the following e-mail address: **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to which the Examination Board will send the invitation, for the performance of the Oral Exam on the day and time established for the interview and indicated in the form relating to the above mentioned course, attached to the Competition Notice.

**HEREBY STATE**

* to be equipped with audio and video equipment suitable for the use of Microsoft Teams;
* to have read the rules contained in the Announcement of competitive examination, specifically, those set down in Article 5 "Applications for admission" and in Article 7 "Admission exam".

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (place) (date) (Candidate's signature)