# bandieraUK

#  Competitive examination for admission to Research Doctorate Programs

# **Form to request an interview via videoconference**

(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 |  |

**HEREBY SUBMIT THIS APPLICATION**

to be allowed to sit the oral exam for admission to the Research Doctorate Program in
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the PhD course)

via videoconference, as provided in the form relating to the above program and attached to the Announcement of the competitive examination. For this purpose, I give the following data:

Platform used for web connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(e.g. Skype etc.)*

Address for connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motivation of the Videoconference request (*if required in the PhD programme tables*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEREBY STATE**

that I am aware of the rules set down 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)