



UNIONE EUROPEA  
Fondo Sociale Europeo



UNIVERSITÀ  
DEGLI STUDI  
DI BRESCIA

## ON-LINE ORAL ENTRANCE EXAMINATION FORM

I the undersigned

(Surname) \_\_\_\_\_

(Name) \_\_\_\_\_

Passport or Identity Card: no. \_\_\_\_\_

ask to sit the entrance examination in my own country of birth or residence for the Research Doctorate

Course (PhD)

in \_\_\_\_\_.

For this purpose:

- I am choosing where I will sit the examination (as Country of birth or residence):

- The University of \_\_\_\_\_
- The Institute of \_\_\_\_\_
- The Italian Embassy in \_\_\_\_\_
- Other \_\_\_\_\_

**IN**

Address:	No.	Zip Code:
Town/City:	Country:	
Telephone:		
E-mail:		
Skype or other account name:		

- I declare, under my own responsibility, to be aware that the online connection will be made on the date and time specified in the file attached to the Call for the Competitive Examination of the Research Doctorate Courses.

Date \_\_\_\_\_ Signature \_\_\_\_\_