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 ______ ____________________________

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- 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 ______________________