

Università degli Studi di Cagliari DIREZIONE PER LA DIDATTICA E L'ORIENTAMENTO SETTORE DOTTORATI E MASTER

Form requesting interview by videoconference over Skype (ONLY FOR CANDIDATES RESIDING ABROAD)

I, the undersigned (Name)	(Surname)
Place of birth (Town/State)	
Date of birth (dd/mm/yy)	
Nationality	
Gender	
Permanent residence address (number/street/	town/postal code/Country)
Telephone:	
Skype ID:	
Email address:	
	ASK
to attend the interview through videoconferen	nce over Skype.
Aware of the consequences of making false	statements, falsehood of acts and use of false facts, punishable
by law according to art. 76 D.P.R. n. 445/responsibility	2000 and art. 496 of the Italian Penal Code, under my own
	DECLARE
that I will be identified by the enclosed from	and back colored copy of Identity Card/Passport with a valid
photo.	
Date	SIGNATURE
, lì	