



Università degli Studi di Cagliari

DIREZIONE PER LA DIDATTICA E L'ORIENTAMENTO

Dirigente Giuseppa Locci

Form requesting interview by videoconference over Skype

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 videoconference 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. 445/2000 and art. 496 of the Italian Penal Code, under my own responsibility

DECLARE

that I will be identified by the enclosed front and back colored copy of Identity Card/Passport with a valid photo.

Date

SIGNATURE

_____, li _____