



**Università degli Studi di Cagliari**

DIREZIONE PER LA DIDATTICA E L'ORIENTAMENTO

Dirigente Giuseppa Locci

**Form requesting interview by teleconference**

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 teleconference.

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 \_\_\_\_\_

\_\_\_\_\_