



Università
Ca' Foscari
Venezia

REQUEST FOR TEST IN DISTANCE MODE

**ADMISSION TO
CA' FOSCARI INTERNATIONAL COLLEGE**

A.Y. 2017/18



Collegio
Internazionale
Ca' Foscari

Relevant application form to take the written exam and the interview in distant mode

The undersigned

(surname, name) _____

Place of birth

(city, province, country) _____

Date of birth _____

Address _____

City _____

Tel. _____

Mobile _____

E-mail _____

COUNTRY _____

CITIZENSHIP _____

REQUESTS

To take the written exam and the interview for the admission to the Ca' Foscari International College in distance mode.

DECLARES

Official place where the candidate will take the exam: _____

Person that will take charge of supervising the execution of the test

(surname, name) _____

Place of birth

(city, province) _____

Date

of birth _____

Address _____

City _____

Tel. _____

Mobile _____

E-mail _____

VALID ID/PASSPORT no. _____

COUNTRY _____

CITIZENSHIP _____

The professor/supervisor commits to receive the test at the email address specified above and to send it back once the examination will be concluded to the following email address: collegio.internazionale@unive.it in order to be graded by the academic board.

The professor/supervisor commits to follow severely all the lines provided by email by the academic board and to make the test being executed responsibly. He/she also guarantees that it will not affect the rights of all the other candidates that will take the examination at Ca' Foscari. Additionally, the professor/supervisor is asked to write down a short report on the examination and to attach it to the message.

In case of irregularities during the execution of the test, the exam will be nullified. Moreover the candidate will not have the possibility to enroll neither to the next call for admission to the Ca' Foscari International College, nor to the Ca' Foscari University of Venice for the next five (5) years.

Copy of a valid identity document of the professor/supervisor is required and has to be attached to this form.

Date, _____

Signature of the candidate _____

Signature of the guaranteeing _____