

REQUEST

for permission to take the entrance examination remotely

Applicant's first and last name:	•••••		
Date of birth:			
Passport number:			
Permanent address:			
Mailing address:	Study programme:		
Telephone no. / E-mail:			
Type of study: Doctoral			
	• • •		
I am asking for permission to take	the entrance examination	in the form of video-conference.	
Reason for the request:			
•			
I accept these terms and conditions	for antronce avamination	n.	
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1. The following conditions mu	_		
	•	table place and in an environment free from interference (e.g.	
		ak signal, other persons, public premises, restaurants, etc.).	
b) the identity of the app			
_	• •	must comply with the rules set by the faculty for the entrance	
examination, in particular the	hat the entrance examin	action will be taken on one's own and without the use of	
prohibited aids.			
3. The faculty is not responsible	e for the quality of the tra	insmission or for the quality of the technical equipment on the	
part of the applicant; the appl	licant may raise any object	ctions no later than at the end of the admissions interview, any	
later objections will not be ta	ken into account during the	he admissions procedure.	
_	_	to acquire an AV record of the entrance examination for the	
•		ing of the examination, the applicant will be informed that an	
	_	be destroyed immediately after the admission procedure has	
_		dmission procedure has become final.	
terminated, i.e. after the deep	non on the result of the de	simission procedure has become rinar.	
Date:	Applic	eant's signature:	
Date:	Аррис	ant s signature.	
Statement of the Student Comings	Office	Signature/date:	
Statement of the Student Services	Office:	Signature/date:	
St. 4 Cd - 4 Cd	4-1	C' / 1 - 4 -	
Statement of the guarantor of the s	tudy programme:	Signature/date:	
a		a 1	
Statement/resolution/of the Vice-D	Dean:	Signature/date:	
Resolution of the Dean:		Signature/date:	