**PHD CANDIDATURE**

**DIDACTIC PROPOSAL AND LANGUAGE SKILLS**

1. Applicants must complete   
   1. **page 1**: application for studies
   2. **pages. 2 -5:** a didactic proposal for each destination chosen in the application
   3. **page. 6:** a section on language proficiency
2. Applicants must save the file in **pdf format** and upload it in the attachments section of the online application. You must also upload your C.V.

All fields in yellow are **MANDATORY**.

Where a tick is required replace **❑**  with a X

**APPLICATION FOR PHD**

**N. APPLICATION CALL:**

**TITLE OF APPLICATION CALL:**

**FIRST NAME AND SURNAME:**

**MATRICULATION NUMBER:**

**DOCTORAL COURSE:**

**COURSE COORDINATOR’S NAME:**

**YEAR OF THE COURSE:**

**DIDACTIC PROPOSAL**

**DESTINATION:** **UNIVERSITY’S ERASMUS CODE:**

**PERIOD OF MOBILITY:** I Semester □ II Semester □ Entire academic year □

**NAME OF THE SUPERVISOR AT THE HOST INSTITUTION:**

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| **INDICATE RESEARCH ACTIVITIES TO BE CARRIED OUT ABROAD** |
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**LANGUAGE SKILLS**

**ENGLISH:**

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| * NO KNOWLEDGE: □ * LANGUAGE EXAMINATION c/o UNIVPM or other university (min. 3 CFU/ETCS): □ * CSAL TEST: □ * LANGUAGE CERTIFICATION: □   TYPE OF CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL: \_\_\_\_\_   * NATIVE LANGUAGE: NO □  YES□ |

**FRENCH**:

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| * NO KNOWLEDGE: □ * LANGUAGE EXAMINATION c/o UNIVPM or other university (min. 3 CFU/ETCS): □ * CSAL TEST: □ * LANGUAGE CERTIFICATION: □   TYPE OF CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL: \_\_\_\_\_   * NATIVE LANGUAGE: NO □  YES□ |

**GERMAN:**

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| * NO KNOWLEDGE: □ * LANGUAGE EXAMINATION c/o UNIVPM or other university (min. 3 CFU/ETCS): □ * CSAL TEST: □ * LANGUAGE CERTIFICATION: □   TYPE OF CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL: \_\_\_\_\_   * NATIVE LANGUAGE: NO □  YES□ |

**SPANISH:**

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| * NO KNOWLEDGE: □ * LANGUAGE EXAMINATION c/o UNIVPM or other university (min. 3 CFU/ETCS): □ * CSAL TEST: □ * LANGUAGE CERTIFICATION: □   TYPE OF CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL: \_\_\_\_\_   * NATIVE LANGUAGE: NO □  YES□ |

**PORTUGUESE:**

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| * NO KNOWLEDGE: □ * LANGUAGE EXAMINATION c/o UNIVPM or other university (min. 3 CFU/ETCS): □ * CSAL TEST: □ * LANGUAGE CERTIFICATION: □   TYPE OF CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL: \_\_\_\_\_   * NATIVE LANGUAGE: NO □  YES□ |