



AUREAM PHOENIX UNIVERSITY

WORLD LEADING PEOPLE

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Via Roma, 200 - 97100 Ragusa - Italy
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APPLICATION FORM TO DOCTOR OF EXCELLENCE

The undersigned:

Name and surname Country

Date of birth City of birth Resident Zip Code

Permanent Address

Phone email

Considering that he had acquired the requisites for obtaining the **Doctor of Excellence degree** according to the law prescribed by the **AUREAM PHOENIX UNIVERSITY**, he asked to be admitted to the program for conferring the title of:

DOCTOR OF EXCELLENCE

The following documents are attached:

- 1) *Copy of identity card or passport*
- 2) *Curriculum vitae*

The undersigned, upon receipt of the official award letter, undertakes to pay the Administrative fee amounting to € 1,050.00 (one thousand and fifty) with the method indicated below:

- In a **single payment** of 945.00 euros (10% discount) upon receipt of the letter of conferment.
- In **two consecutive monthly installments** of € 525.00. Each. The first upon receipt of the letter of conferment. The second within 30 days.
- In **three consecutive monthly installments** of € 350.00 each. The first upon receipt of the official letter. The second and third respectively at 30 and 60 days.

The undersigned is aware that the decision of the council of **Auream Phoenix University**, for the purpose of awarding the title, is unquestionable and undertakes to accept the resolution even in case of non-acceptance of the application.

Readable signature

Place and Date

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