

REQUEST FOR REMOTE EXAM

I, the undersigned

First name:

Last name:

Enrollment number

To take the exam (specify the name and code):

aware that anyone who makes false declarations is punished pursuant to the criminal code and special laws on the subject, pursuant to and for the purposes of article 46 of the d.p.r. n. 445/2000, and that the non‐ possession of the green certificate (green pass) is not a reason that justifies the request of the remote exam

DECLARES

(Circle the letter corresponding to your case)

1. To be a resident outside the territory of the Tuscany region and to be outside the region on the date of the exam.
2. To live in risk areas where mobility is not allowed
3. To be included in an international mobility program and to be abroad on the date of the exam.
4. To have a certificate from the family doctor or the community health center certifying health reasons related to the COVID‐19 emergency or to be in a condition according to the current legislation on the protection of public health for which attendance at university buildings is prevented or not recommended.

Date

Signature

This form must be sent to the professor responsible for the exam, who will keep it, in compliance with the legislation on the protection of personal data, and will be kept for the time necessary for the organization and management of the exam session.