

EXEMPTION REQUEST FOR IN PERSON EXAMS

I, the undersigned _____
born in _____ on _____
residing at _____
identity Card n. _____
issued by _____ on _____
enrolled in _____
matriculation number _____

apply for an exemption from the obligation to take the following exam:

_____ on _____ in person, because of the following reason:

- Student in quarantine (please, attach ATS certification);
- Vulnerable student at health risk (please, attach the medical assessment stating your inability to be vaccinated without mentioning your disease);
- International student with a student visa who cannot travel from his/her home country because of health reasons (please, attach corresponding documentation);
- Student with a disability greater than 66% (to be evaluated upon presentation of a request to the Inclusion and Participation Office).

Place and date Legible signature of the interested party

The above information is managed according to EU Regulation no. 679/2016 to prevent and contain the spread of the Covid-19 virus.