To Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and for information to the Director of the Didactic Activities/Coordinator of the Study Course

**REQUEST FOR A WAIVER OF EXAMS IN PRESENCE**

**HEALTH PROFESSIONS COURSES**

Applicant's Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matriculation n. \_\_\_\_\_\_\_\_\_\_\_

Applicant's Place and Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID n. \_\_\_\_\_\_\_\_\_\_\_\_ Released by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course year \_\_\_\_\_\_\_\_\_\_\_

The Applicant, aware that anyone making false declarations is punishable under the penal code and the special laws on the subject, in accordance with art. 46 D.P.R. n. 445/2000,

hereby requests a waiver of the requirement to sit in person the following exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in that he/she falls into one of the following cases:

□ international student prevented from physical mobility or awaiting a visa;

□ student having exceptional alterations in his/her state of health (due to injury, illness) with a prognosis of more than 15 days certified by a general practitioner/specialist affiliated with a public structure (except for a shorter period if it extends beyond the last useful call of the current session), or frailty (pursuant to art. 17, section 2, of Law Decree no. 221 of 24 December 2021, converted with amendments into Law no. 11 of 18 February 2022) certified by the general practitioner/specialist affiliated with a public structure, notified at least 2 working days before the examination.

□ female student in the last two months of pregnancy or in the three months following childbirth (subject to presentation of appropriate documentation);

Attached hereto please find the Applicant's ID.

Other attachments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's legible signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_