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

and for information to the Didactic Services, Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 obligation to attend, in person, the lessons of the following courses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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from (initial date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (final date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in that he/she falls into one of the following cases:

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

□ student having exceptional changes in his/her state of health (due to accident or illness), with a prognosis of more than 15 days certified by a general practitioner/specialist affiliated with a public structure;

□ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_