



ONLINE EXAMS REQUEST FORM
Form for requesting to take exams, graduation and final exams remotely
(to be submitted to the relevant lecturer)

I, the undersigned (name, surname) _____

born in (place) _____ (country) _____ on (date) _____

residing in (full address) _____

currently enrolled in the following degree programme at the University of Verona:

Student ID number _____

being aware of the criminal sanctions with regard to false or misleading statements pursuant to the Italian Criminal Code and the relevant special laws, pursuant to and for the purposes of Art. 46 of Presidential Decree no. 445/2000;

hereby request to take the following exam **remotely** (online):

- expected date of exam: ____ / ____ / ____

- module title: _____

or

- expected date of graduation session / final examination: ____ / ____ / ____

for the following reason:

I am currently Covid-19 positive, and self-isolating.

Place and date: _____ Legible signature _____

PLEASE NOTE: quarantine for anyone who has been in close contact with a Covid-19 case is no longer required; therefore, according to Legislative Decree no. 24 of 24/03/2022, individuals who had close contact with a Covid-19 case are required to wear FFP2 face masks for at least 10 days after last contact with a positive case. The period of self-monitoring ends on day 5, unless symptoms appear.

If this applies to you, you must take the exam in person, wearing an FFP2 face mask.

Pursuant to EU Regulation 2016/679 and Legislative Decree no. 196/2003, and subsequently amendments, the information included in this form will be used solely for the purposes for which it was originally collected.