



ONLINE EXAMS REQUEST FORM

(to be submitted to the relevant lecturer)

I, the undersigned (name, surname) _____

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

residing in: (City/town) _____ (Country) _____

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: _____

for the following reason (please check as appropriate):

☐ I am currently Covid-19 positive, or I am in quarantine/self-isolation due to Covid-19;

☐ I have a serious illness and have been unable to get the vaccine due to medical conditions;

☐ I live with a vulnerable person suffering from a serious illness, who has been unable to get the vaccine due to medical conditions;

☐ other (please specify the reason, which may include your student status – in the case of ‘non-local students’ with financial hardship, please provide details of your place of residence or domicile and your financial situation).

Place and date: _____ Legible signature _____