



Distance Examination Request Form (to be sent to the professor)

I, the undersigned, _____

Born in _____ on (dd/mm/yyyy) ___/___/___

Residing in: _____ address _____

Enrolled in the degree programme in _____

at the school of _____ at the University of Padua

Student ID: _____

Aware that anyone who issues false statements is punished under the Penal Code and special laws on the subject, pursuant to and for the purposes of art. 46 Presidential Decree no. 445/2000

Requests to be able to sit at a distance the examination of ___/___/___ the teaching of:
_____ in view of the fact that they are a:

(tick the corresponding box):

- student in isolation for COVID-19;
- student in precautionary quarantine for COVID-19;
- student with a serious medical condition and not yet vaccinated;
- student living with a frail person with a serious medical condition who has not yet been vaccinated;
- international student, currently residing abroad;
- student coming from a region or territorial area with mobility restrictions;
- student unable to reach the exam site (*specify the reason, giving details of residence, or domicile, and the reasons that prevent reaching the exam site*):

Pursuant to EU Regulation 2016/679 and Legislative Decree 196/2003, as amended, the information provided in this statement will be used solely for the purposes for which it was acquired.

The statements provided may be verified in accordance with Presidential Decree 445/2000. In case of false declaration the sanctions provided for by the University of Padua student career regulations will be applied, without prejudice to the more serious sanctions provided for by law.