



Online Exam Request

(to be sent to the instructor and to the email address
statoemergenza.esameadistanza@unipd.it)

Student Name _____

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

Address _____

Enrolled in the degree programme _____

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. 46-47 Presidential Decree no. 445/2000

Requests to be able to take _____ exam online on the date ___/___/___ in view of the fact that he/she is a: (*tick the corresponding box*):

student in isolation for COVID-19;

student with a serious medical condition;

student living with a frail person with a serious medical condition;

international student, currently residing abroad;

Student signature _____

Place _____ date: _____

Please attach a scan of your identity document

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.