REMOTE EXAMINATION REQUEST FORM

The undersigned ______________________________________, student number ________________, enrolled in year ______ of the __________________________________________ Degree Course at the University of Milano-Bicocca, in relation to sitting the __________________________________________ exam in person, dated __________

REQUEST TO SIT THE EXAM REMOTELY BECAUSE

☐ I am resident abroad (specify country of residence) __________________________________________

☐ I am resident outside the Lombardy Region, including the provinces of Mantua and Sondrio (specify place of residence) __________________________________________

☐ I am unable to attend for reasons related to the COVID-19 health crisis

Date and Location ______________

Signature

____________________________________