



UNIVERSITÀ
DEGLI STUDI
FIRENZE

**Scuola di
Economia e
Management**

REQUEST FOR REMOTE EXAM

The undersigned

First name: _____

Last name: _____

Matricola number _____

In order to take the exam (specify the name and code):

aware that anyone who makes false declarations is punished pursuant to the criminal code and special laws on the subject, pursuant to and for the purposes of article 46 of the d.p.r. n. 445/2000, and that the non-possession of the green certificate (green pass) is not a reason that justifies the request of the remote exam

DECLARES

(Circle the letter corresponding to your case)

- a. To have a certificate from the family doctor or the ASL certifying health reasons for which attendance at university buildings is prevented or not recommended.
- b. To be included in an international mobility program and to be abroad on the date of the exam;

Date _____

Signature _____

This form must be sent to the teacher responsible for the exam, who will keep it, in compliance with the legislation on the protection of personal data, and will be kept for the time necessary for the organization and management of the exam session.