



UNIVERSITÀ DEGLI STUDI DI MILANO

DECLARATION IN LIEU OF AFFIDAVIT PURSUANT TO ART. 47 OF PRESIDENTIAL DECREE 445/2000

The undersigned _____ born in _____
on _____, resident in _____ Via _____
_____ no. _____, identity document (*type*) _____
_____ (*number*) _____, copy attached,
enrolled in year _____ of the programme in
_____ at the University of Milan, in relation to
the request for a waiver from the in-person requirement for the exam of
_____ on _____

being aware of the criminal sanctions prescribed by art. 76 of Presidential Decree 445/2000 for submitting forged documents or making false statements, under his/her own responsibility

DECLARES

- To be COVID-19 positive or quarantined
- To have underlying health concerns, as laid down by law
- To reside in a country with health restrictions or cross-border travel restrictions

Date and place _____

Signature

Attachments:

- ID

Please be informed that, pursuant to EU Regulation 679/2016, the data contained herein will be processed in compliance with current legislation, exclusively for the purposes of managing your request for a waiver from the in-person exam requirement.