



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 _____
_____ 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

- that he/she is unable to leave home due to Covid-19 restrictions (e.g. positive to Covid-19, in isolation, quarantine)
- that he/she has underlying health concerns, as laid down by law
- that he/she resides abroad

FURTHER DECLARES

that he/she is aware that the University may require a medical certificate certifying that he/she is unable to leave home due to Covid-19 restrictions.

Date and place _____

Signature

Annexes:

- 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.