



# 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 on an international mobility programme, and has to take exams at the University of Milan while attending courses at the host university;
- that he/she resides in a country with health or cross-border travel restrictions.

To apply for a waiver, send an e-mail to the course lead instructor and the Head of the Study Programme, using the self-certification form available online and attaching a copy of an identity document.

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.