

FORM FOR THE REMOTE EXAM REQUEST

The undersigned _____
badge number _____, enrolled at _____ year of the
Master Degree in Materials Science at the University of Milano Bicocca, for the following
exam in presence _____
scheduled on _____

REQUESTS THAT THE EXAM IS TAKEN REMOTELY BECAUSE

- resident abroad (please precise the State of residence)

- resident outside the Lombardy Region or in the provinces of Mantua or Sondrio
(please specify place of residence or specify the State of residence)

- to be unable to take the exam for reasons related to COVID-19 health emergency

Date and place _____

Signature
