



UNIVERSITÀ
DEGLI STUDI
FIRENZE

Annex 1

Online Graduation Session

Declaration of acceptance of remote examination conditions

I, the undersigned _____

tax id number _____ place of birth [town, province or country] _____

_____ (_____)

date of birth ___/___/___, permanent address _____

_____ Country _____

Enrolled in the degree course of _____

Student n. _____ Graduation date _____

Hereby DECLARE

- - that I accept the online mode for the graduation session,
- - that I will refrain from using auxiliary tools
- - that there will be no other persons in the room to prompt me during the examination

Place and date: _____

Signature of the graduating student (legible and in full)