

APPLICATION FORM FOR THE POSTPONEMENT OF EXAMS FOR STUDENTS WHO ARE POSITIVE
OR CONFINED BY COVID-19

Name and surname(s):	
Student Personal Number:	
Degree Programme:	

I hereby declare that my current situation is

Covid-19 tested positive

have been in closed contact with a Covid-19 tested positive¹

and provide the following documentation:

viral test (done in a public or private health institution), or equivalent, with a completion date.

proof of registration in the Covid-19 Registry of the Valencian Government Council for Public Health.

a **sworn statement** stating my current condition (since I have no other proof at the moment).

I request the postponement of the following exam(s):

DEGREE PROGRAMME:				
Subject code	Subject name:	Group:	Exam date:	Lecturer:

I DECLARE UNDER MY RESPONSIBILITY: That the above facts are true and that I undertake to communicate to the FFTIC Covid Commission (covidfftic@uv.es) any variation in my personal situation that may affect my attendance to the examinations in this call.

Send by email to the Faculty's Covid-19 Committee: covidfftic@uv.es

Date:

Student's signature:

¹ According to the Regional Government of Valencia, a "close contact" is only the person who, after having been in contact with a person tested positive, must remain in quarantine by prescription of the health authorities.