



FALL 2021 – Exception from Physical Presence in Courses

Livestreaming and/or asynchronous self-study digital material will be available for students who belong to vulnerable groups and for COVID-19 related reasons (medical reasons, unable to travel to Cyprus due to travel restrictions), cannot attend classes with physical presence (face-to-face). To be excepted from physical presence the attached form must be completed and submitted along with all the necessary documents for approval to the Director of Academic Advising (theoCleous.c@unic.ac.cy) by Friday, September 24, 2021.

The data and supporting documents that will be submitted will not be used for any other purpose by the University of Nicosia.

PART I: STUDENT DETAILS

Name and Surname:

Student ID:

Programme of Study:

ID Number or Alien Registration Cart Number (ARC):

Mobile phone number (please include the international code):

Email:

PART II: APPLICATION DETAILS

Please state the reasons for requesting the exception from physical presence and attach all relevant documents (eg. medical reports, laboratory results, examinations of diagnostic centers):

Requested period for exemption (*tick where appropriate*):

Specific Dates: From to

For the whole duration of Fall 2021 Semester

List of attached documents:

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

PART III: PERSONAL DECLARATION / AUTHORIZATION

I declare responsibly and with full awareness of the legislation that:

1. The above information is true, and the attached documents are authentic.
2. I provide the University of Nicosia the authorization to record / process / store data I submit in my application.
3. I understand that the above information and related actions are necessary to enable the University of Nicosia to examine my application.
4. In case of revocation of this authorization, I am obliged to immediately inform the Environment, Health and Safety Office of the University of Nicosia.

I authorize the University of Nicosia and the established Committee to examine my application and attached documents as to:

- A. Verify any data deem necessary, in cooperation with medical specialists / diagnostic centers / medical centers / hospitals / organizations / institutions.
 - B. Contact any medical specialist / diagnostic center / medical center / hospital / organization / institution, deem appropriate to provide further information or clarification for the examination of my application.
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PART IV: PERSONAL DATA

The contents of this document are governed by the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and on the repeal of Directive 95/46/EC (General Regulation on Data Protection) and the Law on the Protection of Individuals Against the Processing of Personal Data and the Free Movement of Such Data Law of 2018 (125 (I) / 2018).

PART V: SUBMISSION

The following must be submitted:

1. This application form, completed and signed
2. Scanned supporting documents referred to in PART II

Name and Surname:

Date: