



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

## International mobility Extra UE a.y.2026/2027

### Declaration of degree-related research mobility

The undersigned Professor

(name, surname) \_\_\_\_\_,

Supervisor of the Student

(name, surname) \_\_\_\_\_

School of \_\_\_\_\_

confirms that the above-mentioned student, selected by Università degli Studi di Firenze, is authorized to carry out the final degree-related research in the hosting Institution:

\_\_\_\_\_

under the supervision of Professor

(name, surname) \_\_\_\_\_

duration of the activity (hours) \_\_\_\_\_

credits (CFU) \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature \_\_\_\_\_