Academic year ______________

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 following activity: 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____________________