International mobility Extra UE a.y.2022/2023

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____________________