ERASMUS+ KA131
Mobility for Traineeship A.Y. 2022/2023

Declaration of degree-related research mobility

The undersigned Professor
(name, surname)______________________________________________________________________,
Supervisor of the Trainee
(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 the Tutor
(name, surname)______________________________________________________________________
duration of the activity (hours) ______________________________________________________________________
credits (CFU) ____________________________________________________________________________

Date________________
Place________________

Signature____________________