ERASMUS+ KA131
Mobility for Study A.Y. 2023/2024

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__________________