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

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____________________