International mobility Extra UE 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______________________