International mobility Extra UE a.y.2024/2025

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________________________