ERASMUS+ KA131
Mobility for Traineeship 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

(name, surname) ____________________________________________________________

duration of the activity (hours) _________________________________________________

credits (CFU) ________________________________________________________________

Date______________________

Place______________________

Signature____________________