ERASMUS+ KA131
Mobility for Study 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___________________