ERASMUS+ KA131
Mobility for Study A.Y. 2022/2023

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__________________