

Academic year _____

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 following activity: final degree-related research in the hosting Institution:

under the supervision of Professor

(name, surname) _____

Duration of the activity (months) _____

Credits (CFU) _____

Date _____

Place _____

Signature _____