



UNIVERSITÀ
DEGLI STUDI
FIRENZE

International mobility Extra UE a.y.2023/2024

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 _____