



UNIVERSITÀ
DEGLI STUDI
FIRENZE



Allegato C

Place

Date: ___/___/___

TO WHOM IT MAY CONCERN

The undersigned Prof. **[first name and last name]** hereby declares **his/her** commitment to join the BIP titled **[insert BIP title]** to be held at the University of Florence – Italy **[or other venue]** by actively participating in the lectures organization and in the selection process of at least n. **[specify the number of students the he/she undertakes to select and to send]** students on behalf of the **[specify the name of the sending partner university]**.

She/he also commits to promptly inform the International Relations Office of the **[specify the name of the partner university]** regards to the participation in the aforementioned BIP, so that to verify the availability of Erasmus+ fundings to support the mobility in presence both for the students and for the Professor **him/herself**.

Yours Faithfully

[name of the Professor]

Signature _____