



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE



Erasmus+

## ERASMUS+ KA131 Mobility for Study A.Y. 2026/2027

### **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 \_\_\_\_\_