Università degli Studi di Ferrara

Degree course *(specify the name of the course)*

_____

Ferrara, _____

Esteemed *(company/institution)*_____
Street _____
City _____ ( ) telephone _____
To the kind attention of _____

Re: **Activities outside the University**

We are writing to inform you that the student _____ enrolled in the ____ year of _____degree course (based in Ferrara) is authorized from ___/___/___ to___/___/___ to carry out the following theoretical and practical activities at your institution:

- the preparation of the thesis, entitled " _____"
- the study, learning and investigation of the subject:_____

During this period the activities:

- will be carried out at different locations (the sites will have to be communicated beforehand by email to the Director of studies/Teaching Manager);
- will not be carried out at other locations.

The activities will be carried out under the supervision by (name of the company referee) _____, with whom the daily presence will be established.

The University of Ferrara tutor is the Professor (name of the University of tutor) _____, Telephone _____, email _____

The following insurance policy has been taken out by the University of Ferrara:

- INAIL gestione per conto dello Stato
- Infortuni (UnipolSai Div. La Fondiaria n. 77/136656834)
- Responsabilità Civile (UnipolSai Div. La Fondiaria n. 65/136656841)

University of Ferrara Professor's signature	*A Signature and an official stamp are required in order to confirm acceptance by the receiving company/institution*
_____	_____