



UNIVERSITÀ
DI PAVIA



Erasmus+

Date: ___/___/___

To whom it may concern

The undersigned Prof. [insert the name of the Professor] hereby declares his/her commitment to join the BIP *[insert BIP title]* at the University of Pavia – Italy by actively participating in the lessons organization and the selection of at least n. [insert the number of students required by the BIP] students on behalf of the [insert the name of the partner university].

S/he also declares that s/he will promptly inform the International Relations Office of the [insert the name of the partner university] regarding the participation in this BIP, verifying the Erasmus+ fundings availability in order to pay the mobility in presence both for the students and for the Professor him/herself.

Faithfully

[insert the name of the Professor]

Signature _____