## Lettera di Autorizzazione al tirocinio

(a cura dell'Azienda/Ente ospitante) Da redigere in carta intestata dell'Azienda in lingua italiana o nella lingua del firmatario con annessa traduzione

To the President School of Psychology University of Florence

I, Dr./Prof.
Head of
authorize student
to spend a six months/year programme (from to,
for a total amount of hours) at
in order to undertake the following program of psychological activities/to perform activities pertaining to):
For the duration of the practice the role of Tutor* will be performed by Dr./Prof.
* Every trainee psychologist must have a supervisor of his/her training, who will be chosen among the qualified psychologists that are regularly employed by the Concern/Firm; art. 2 covenant
Yours sincerely