# **Confirmation of Erasmus+ Training Mobility**

PARTICIPANT

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | **Czech Republic** |
| Name of sending institution: | **Charles University** |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution:  |  |
| Faculty/Department: |  |

This is to certify that the participant undertook the training mobility under the Erasmus+ programme at our institution **from** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_ of the **2019/2020** academic year.

Main content of the training mobility

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: