
# **Confirmation of Erasmus+ study period**

STUDENT

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Sex: |  |
| Date and place of birth: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution: | Charles University, CZ PRAHA07 |
| Faculty/Department: | Faculty of Arts |

RECEIVING INSTITUTION

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

This is to certify that the student has attended our Institution from ................. to .......….......... of the 20\_\_/20\_\_ academic year.

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

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

(Erasmus+ departmental / institutional coordinator)