

Confirmation of International Mobility Period

STUDENT/STAFF

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

SENDING INSTITUTION

Country:	Czech Republic
Name of sending institution:	Charles University
Faculty/Department:	Faculty of Science /

RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Faculty/Department:	
Supervisor (if applicable)	

This is to certify that the student has attended our institution from (dd/mm/yy) to (dd/mm/yy) of the 201./201. academic year.

Activities during mobility (courses, lectures, etc.):

Date:

Signed: _____

(Representative of Receiving Institution)