# **CONFIRMATION OF ERASMUS+ STUDY PERIOD**

**STUDENT**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Gender: |  |
| Date and place of birth: |  |
| Mobility type: | Physical  Virtual only  Blended (physical & virtual) |

**SENDING INSTITUTION**

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

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of receiving institution: | Mendel University in Brno |
| Faculty/Department: |  |

This is to certify that the student has attended our institution from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ of the \_\_\_\_/\_\_\_\_academic year.

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

Signed and stamped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Erasmus departmental/institutional coordinator)