



## CONFIRMATION OF STUDY PERIOD

### STUDENT

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

### SENDING INSTITUTION

Country:	Czech Republic
Name:	Mendel University in Brno
Faculty:	

### RECEIVING INSTITUTION

Country:	
Name:	
Faculty/Department:	

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and stamp of receiving institution