# **Confirmation of Erasmus+ study period**

**( registration)**

STUDENT

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

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution: | Czech Technical University in Prague |
| Faculty/Department: | Faculty of  |

RECEIVING INSTITUTION

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

This is to certify that the student is registered and attending our institution from \_\_\_\_\_\_

(DD/MM/YYYY) of the 2018/2019 academic year.

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

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

(Erasmus+ departmental/institutional coordinator)

Name of the coordinator:

Please e-mail to the address: dana.mrkvickova@cvut.cz