# **Confirmation of SEMP study period**

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: |  |

RECEIVING INSTITUTION

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

This is to certify that the student was registered and attended our institution from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) of the 2017/2018 academic year.

During the period the student has attended the following courses:

|  |  |
| --- | --- |
| Title of the course unit | Duration of the courses unit |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The official Transcript of Records will follow.

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

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

(Erasmus+ departmental/institutional coordinator)---stamp of the institution

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