# **Confirmation of Study Period Abroad**

PARTICIPANT

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | CZECH REPUBLIC |
| Name of sending institution: | UNIVERZITA PALACKÉHO V OLOMOUCI |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |

This is to certify that the participant undertook the study period at our institution from \_\_\_/\_\_\_/\_\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_.

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

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