**CONFIRMATION OF ERASMUS+ STUDY PERIOD**

**The Student**

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

**The Sending Institution**

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution: | VSB – Technical University of Ostrava  |
| Faculty/Department: |  |

**The Receiving Institution**

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

**This is to certify that the student has attended our institution**

from: // to: //

**of the 20   /20   academic year.**

Date: //

Signature + Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Erasmus+ departmental/institutional coordinator of the receiving institution)