# Confirmation of stay

**STUDENT**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Date of Birth: |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution: | Charles University |
| Faculty/Department: | Faculty of Education |

**RECEIVING INSTITUTION**

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

This is to certify that the student has attended our institution from ...................to....................

of the …………………….. academic year.

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

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

 (International Relations Coordinator)