



Jihočeská univerzita  
v Českých Budějovicích  
University of South Bohemia  
in České Budějovice

## Confirmation of study period

### STUDENT

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

### SENDING INSTITUTION

Country:	
Name of sending institution:	
Faculty/Department:	

### RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Erasmus ID code:	
Faculty/Department:	

This is to certify that the student has studied at our institution from,,,,,,,,, to,,,,,,,,,,,,, of the 2020/2021 academic year.

Signature of Erasmus departmental / institutional coordinator:

Stamp of institution:

Date: