

CONFIRMATION OF ERASMUS+ STUDY PERIOD

I. IDENTIFICATION DETAILS

The Student

Last name (s)		First name (s)	
Contact E-mail		Academic year	20.. / 20..

The Sending Institution

Name	Brno University of Technology	Faculty	
Erasmus ID	CZ BRNO01	Country	Czech Republic

The Receiving Institution

Name		Faculty	
Erasmus ID		Country	

This is to certify that the student has attended our institution within the Erasmus+ programme from DD/MM/YYYY till DD/MM/YYYY

(tick one)

☐ During the period the student has attended courses according to his/her Learning Agreement and Changes to Learning Agreement (if applicable). Transcript of Records will follow.

☐ During the period the student has worked on individual project or diploma/dissertation thesis, duly approved in the Learning Agreement.

The name and description of the project/thesis:

Signature of the project/thesis supervisor:

Date: _____

Signed: _____

(coordinator responsible for Erasmus+ incoming students)

Seal of Institution: