



## Confirmation of LLP/Erasmus study period

### STUDENT

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

### SENDING INSTITUTION

Country:	Czech Republic
Name of sending institution:	Czech University of Life Sciences Prague
Faculty/Department:	Faculty of Environmental Sciences

### RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Faculty/Department:	

This is to certify that the student has attended our institution from \_\_\_\_\_ to \_\_\_\_\_ of the 2007/2008 academic year.

During the period the student has attended the following courses:

**Komentář [u1]:** Akademický rok studia na zahraniční universitě.

Title of the course unit	Duration of the courses unit

The official Transcript of Records will follow.

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

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

(Erasmus departmental/institutional coordinator)