



Education and Culture DG

Lifelong Learning Programme

ERASMUS PROGRAMME
STUDENT MOBILITY FOR STUDY

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:	University of Defence, Brno
Faculty:	

RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Faculty:	

This is to certify that the student has attended our institution from _____
 (dd/mm/yy) to _____ (dd/mm/yy) of the 20__20__ academic year.
 During the period the student has attended the following courses:

Title of the course unit	Duration of the course unit

The official Transcript of Records will follow.

Date: _____

Signed: _____

(Erasmus departmental/institutional coordinator)