**Příloha č. 2. Potvrzení o absolvování pobytu**

**CONFIRMATION OF STAY**

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| --- |
| NAME OF STUDENT:  Sending institution: University of Hradec Králové, Faculty of Education  Academic year:  Coordinator of the internship:  Tel.: +420 493 33……. E-mail: ………..@uhk.cz |
| |  | | --- | | NAME OF HOST INSTITUTION:  Address:  Internship period at host institution:  from: *(day/month/year)*  to: *(day/month/year)*  Coordinator of the placement:  Tel.: E-mail: |   Above mentioned student has accomplished student mobility at our institution under my supervision, during a period confirmed in this form.   |  |  |  | | --- | --- | --- | | ………………………………  Date of signature | ………………………………...  Signature | ………………………………….  Official stamp | |