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**Appendix no. 1: Foreign Mobility Scholarship Application**

First name:

Family name:

Date of birth:

Field and programme of study:

Degree (delete as appropriate): Bachelor/Master/Postgraduate

The account number to which the scholarship is to be sent (including the bank code):

Country of stay:

Institution:

Address of the institution:

Contact person at the institution (including email):

Exact date of stay (from-to):

Type of stay (study stay, working internship, research internship, summer school...):

In case the mobility is supported from a different resource than FF UHK, please state the name of the programme and the amount of scholarship:

Date, place, signature:

The confirmation issued by the receiving foreign institution, which specifies the date of mobility and the anticipated duties of the student shall be attached to the application

*Comment of the coordinator for internalisation of the particular department (student´s supervisor in case of postgraduate students):*

I agree with the proposed foreign stay.

I disagree with the proposed foreign stay.

Date, signature

*Comment of the Vice-Dean for International Affairs:*

I agree with the proposed foreign stay and I approve financing from the funds of:

I disagree with the proposed foreign stay.

Date, signature

*International Office:*

Amount of scholarship:

Date when the scholarship was sent:

Signature:

****

**Appendix No. 2A: Confirmation of completing the foreign mobility – a study stay**

Confirmation of Study Period

**STUDENT**

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

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution | University of Hradec Králové |
| Faculty/Department: | Philosophical Faculty |

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution,  |  |
| Faculty/Department: |  |

**This is to certify that the student has attended our institution from \_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_.**

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

Signed/Stamped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Appendix No. 2B: Confirmation of completing the foreign mobility – all cases except for study stays**

# STUDENT MOBILITY

# CONFIRMATION OF STAY

|  |
| --- |
| NAME OF STUDENT: Sending institution: University of Hradec Králové Academic year: Coordinator of the placement: Tel.: +420 493 33……. E-mail: ………..@uhk.czInternship period at the host institution: from: *(day/month/year)*  to: *(day/month/year)* |

|  |
| --- |
| NAME OF THE HOST INSTITUTION: Address: Coordinator of the placement: Tel.: E-mail:  |
|  |
|  |

Student mentioned above has accomplished student mobility at our institution under my supervision, during a period confirmed in this form.

|  |  |  |
| --- | --- | --- |
| ……………………………………Date of signature | ……………………………………...Signature | ……………………………………...Official stamp |

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**Appendix No. 3 EVALUATION FORM**

**The following questionnaire has been drawn up to help evaluate the final results of mobility.**

**General competences:**

|  |
| --- |
| *Evaluation form key:1=unsatisfactory; 2=needs improvement; 3=satisfactory; 4=above average; 5=outstanding*\_\_\_ Quality of work (accurate and thorough)\_\_\_ Quantity of work (met goals set by department)\_\_\_ Use of time (efficient/effective use of time to complete tasks)\_\_\_ Initiative (ability to work independently)\_\_\_ Verbal communication skills\_\_\_ Written communication skills\_\_\_ Grasp of subject (understanding of applicable standards and procedures)\_\_\_ Ability to apply classroom experience to real time projects\_\_\_ Creativity\_\_\_ Job judgement (ability to make appropriate work related decisions)\_\_\_ Interpersonal relations/teamwork (effectiveness in working with peers and supervisors)\_\_\_ Adaptability (ability to alter activities to accommodate change)\_\_\_ Dependability: Punctuality\_\_\_ Dependability: Attendance\_\_\_ Problem solving/critical thinking skills |

**Other competences and skills awarded:**

|  |
| --- |
|  |

**Strengths of intern:**

|  |
| --- |
|  |

**Areas for improvement:**

|  |
| --- |
|  |

**What do you think the student gained from the internship?**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| ……………………………………Date of signature | ……………………………………...Signature | ……………………………………...Official stamp |