**Appendix No. 2: Confirmation of the accomplishment of the mobility**

**CONFIRMATION OF MOBILITY**

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