**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 |
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| 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 |

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