**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 |
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| 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.

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

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