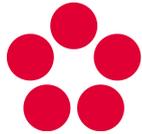




Erasmus+



Jihočeská univerzita  
v Českých Budějovicích  
University of South Bohemia  
in České Budějovice

## 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 South Bohemia in České Budějovice (CZ CESKE01)
Faculty/Department:	

### RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Erasmus ID code:	
Faculty/Department:	

This is to certify that the student has studied at our institution from ..... to ..... of the 2014/2015 academic year.

The official Transcript of Records will follow.

Signature of Erasmus departmental / institutional coordinator:

Stamp of institution:

Date: