

**A PROGRAMME OF AN EXCHANGE STAY AT A PARTNER
UNIVERSITY**



1. Name and surname: _____

2. Academic degree: _____

3. Home institution:

a) University name: _____ Masaryk University

b) Faculty: _____

c) Department: _____

d) E-mail: _____

e) Tel. / fax: _____

4. Profession: _____

5. Knowledge of foreign languages: _____

6. Number of days of the visit: _____

7. Proposed period of the visit: _____

8. University, department/institute and name/names of partners to be visited

9. Topics to be discussed, possible lectures to be delivered:

Date: _____

_____ signature