



Confirmation of placement period

I. DETAILS OF THE STUDENT

Name of the student:	Country: CZECH REPUBLIC
MU ID (UČO):.....	
Home university: MASARYK UNIVERSITY	Academic Year:
Home university field of study:	Subject area:
	Degree:

II. DETAILS OF THE HOST UNIVERSITY/ INSTITUTION

Host university/institution:(in English)	Country:(in English)
Faculty/department:	
Postal Address:	

III. CONFIRMATION OF PLACEMENT PERIOD

This is to certify that the student mentioned above has carried out a practical placement in our institution and its content and length comply with the training agreement and quality commitment/ <i>Tímto potvrzujeme, že výše zmíněný student absolvoval pracovní pobyt v naší organizaci a jeho obsah a délka se shoduje s popisem uvedeným na pracovním plánu a quality commitment.</i>	
From/ od ____/____/_____(dd.mm.yyyy) to/ do ____/____/_____(dd.mm.yyyy)	

IV. OTHER INFORMATION

During the period the student has performed the following tasks and activities:

Job performance evaluation of the student:

V. CONFIRMATION FROM THE HOST UNIVERSITY/ INSTITUTION

Coordinator's name/ Responsible person name:	Date: (dd.mm.yyyy) Signature: Stamp:
We would like to continue the cooperation with Masaryk University and offer intership for its students: <input type="checkbox"/> yes, <input type="checkbox"/> no.	

VI. CONFIRMATION FROM MASARYK UNIVERSITY

We confirm that the proposed programme based on student's training agreement and quality commitment was fulfilled and completed. / <i>Tímto potvrzujeme, že program dojednaného pracovního plánu stáže byl splněn a ukončen.</i>	
The student will be given recognition of completion of following course(s) (enter course title, course code and number of ECTS credits from MU catalogue): (
and will be awarded with the following number of ECTS credits:.....(in total). Student will be given a record of the training period (course) in the Diploma Supplement/ <i>Studentovi bude předmět zahraničního pracovního pobytu zaznamenán do dodatku k diplomu.</i>	
Coordinator's name/ Responsible person name:	Date: (dd.mm.yyyy) Signature: Stamp: