 **Confirmation of placement period**

1. **Details of the Student**

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| --- | --- |
| Name of the student: ………………..… | Country: CZECH REPUBLIC |
| Home university: MASARYK UNIVERSITY | Academic Year: ………………..… |
| Home university field of study: ………………..… | Subject area: ………………..…  Degree: ………………..… |

1. **Details of the HOST University/ Institution**

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| --- | --- |
| Host university/institution: ……………………………………..…..........(in English) | Country: ………………..………………..(in English) |
| Faculty/department: ………………..… | |
| Postal Address: ………………..… | |

1. **Confirmation of Placement period**

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| --- | --- |
| 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 trainning agreement and quality commitment/ *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*.  From/ *od* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(dd.mm.yyyy) to/ *do* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(dd.mm.yyyy)  Mobility type: □ physical □ virtual only □ blended (physical & virtual) | |
| Physical part in case of blended mobility | *From: / / to / /* |

1. **Other Information**

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

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Job performance evaluation of the student:

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1. **Confirmation FROM THE HOST University/ Institution**

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| --- | --- |
| 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:  yes,  no. | |

1. **Confirmation FROM Masaryk University**

|  |  |
| --- | --- |
| We confirm that the proposed programme based on student’s training agreement and quality commitment was fulfilled and completed. / *Tímto potvrzujeme, že program dojednaného pracovního plánu stáže byl splněn a ukončen.*  The student will be given recognition of completion of following course(s) (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/ *Studentovi bude předmět zahraničního pracovního pobytu zaznamenán do dodatku k diplomu.* | |
| Coordinator’s name/ Responsible person name:  ………………..…… | Date: …………………(dd.mm.yyyy)  Signature: ………………..……  Stamp: |