

RECEIVING INSTITUTION APPROVAL
Student Mobility Support Programme – FREEMOVERS

FALL / SPRING SEMESTER
YEAR 20__

(Please use BLOCK CAPITAL LETTERS)

STUDENT PERSONAL DATA

Family name: _____ First name(s): _____

Date of birth: _____ Sex: M / F

SENDING INSTITUTION

Name and address: UNIVERSITY OF WEST BOHEMIA,
Univerzitni 8, 306 14, Pilsen, Czech Republic

Faculty:

Field of study:

Programme coordinator: Mgr. Ladislav Vilcek

Department: International Office

Contact: +420 377 635775, vilcekl@rek.zcu.cz

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We hereby acknowledge that the above-mentioned student is accepted for a study stay at our institution.

Period of study: from to for month(s).
(dd.mm.yyyy) (dd.mm.yyyy) (number)

Details on a study programme/plan shall be specified in a Learning Agreement.

Institution name and address:

Responsible coordinator's name:

Tel / Fax:

E-mail address:

Coordinator/administration officer's signature:

Date and stamp: