

STUDENT

Full name: Study: BSc / MSc / PhD

Study programme: Year of study: 1st / 2nd / 3rd / 4th

Date of birth: Cell phone No.: UIČ (Student ID in UIS):

Citizenship: E-mail:

CULS faculty: Contact address in CZE:

SENDING INSTITUTION

Name: Czech University of Life Sciences Prague

Address: Kamýcká 129, 165 00 Prague Suchdol, Czech Republic

Faculty coordinator:

Name:

Tel.:

E-mail:

RECEIVING INSTITUTION

Name:

Country:

Contact person:

Name:

Position:

Tel.:

E-mail:

Short justification of your short-term mobility:

<p>CULS Supervisor's signature (if applicable):</p> <p>I confirm above mentioned reasons for realization of the student's mobility.</p>

STUDY PROGRAMME AT THE RECEIVING UNIVERSITY – LIST OF COURSES* (if applicable)

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	ECTS credits

* if needed, list of courses may be attached on a separate sheet

Total number of ECTS credits:

<p>The student</p> <p>Student's signature: Date:</p>

<p>The sending institution</p> <p>We confirm that proposed short-term mobility / summer school / study programme is approved.</p> <p>Faculty coordinator's signature: Date:</p> <p>Stamp:</p>
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<p>The receiving institution</p> <p>We confirm that we accept student and proposed short-term mobility / summer school participation / study programme is approved.</p> <p>Contact's person signature: Date:</p> <p>Stamp:</p>
