CONFIRMATION OF ARRIVAL / DEPARTURE



OFFICIAL STAMP OF HOST INSTITUTION

Upon arrival at your host institution, have Section 1 of this form signed and stamped by your host institution, and send scanned copy to toncrova@utb.cz.

At the end of your study/work placement, have **Section 2** signed and stamped by your host institution, and send scanned copy of this document to toncrova@utb.cz.

STUDENT (name, surname)
from Tomas Bata University in Zlín, Faculty of
NAME OF HOST ORGANISATION

SECTION 1 – CONFIRMATION OF ARRIVAL

I hereby confirm that the above student has started his/her study/work placement at

our institution on (DD/MM/YYYY)	our institution	on ((DD/MM/YYYY)) :
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our institution on (DD/IVIIVI/YYYY):	OFFICIAL STAMP OF HOST INSTITUTION
Name of the responsible person	
Signature	
Date	

Please send scanned copy of this document to: toncrova@utb.cz no later than 7 days after the beginning of the study/work placement at the receiving institution.

SECTION 2 – CONFIRMATION OF DEPARTURE

I hereby confirm that the above student has ended his/her study/work placement at

our institution on (DD/MM/YYY):

..... Name of the responsible person

Signature.....

Date.....

Please send scanned copy of this document to: toncrova@utb.cz no later than 7 days after the end of the study/work placement at the receiving institution.