



Janáček Academy of Music and Performing Arts Brno
Theatre Faculty
International Office
Mozartova 1
662 15 Brno
Czech Republic

Confirmation of Erasmus+ training period

STUDENT

Family name:	
First name:	
Sex:	
Date and place of birth:	

SENDING INSTITUTION

Country:	Czech Republic
Name of sending institution and Erasmus ID code:	Janáček Academy of Music and Performing Arts Brno (CZ BRNO03)
Faculty/Department:	Theatre Faculty

RECEIVING INSTITUTION

Country:	
Name of receiving institution and Erasmus ID code:	
Faculty/Department:	

This is to certify that the student has attended our institution from ___/___/___ to ___/___/___ of the 2019/2020 academic year.

The official Transcript of Records will follow.

Date: _____

Signed: _____

(Erasmus departmental/institutional coordinator)