



APPROVAL OF A GRADUATE TRAINEESHIP

STUDENT

Name:	
Date of birth:	
Study ID:	

SENDING INSTITUTION

Charles University (CZ_PRAGUE07)
Faculty of Social Sciences, Smetanovo nabrezi 6, 110 00 Prague 1
Institute:

HOSTING INSTITUTION

Country:	
Title:	
Address:	
Length of stay:	
Traineeship content:	

Academic Tutor's statement (and of Director of the Institute if needed)

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.....
date and signature of the Academic Tutor

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date and signature of the Director of the Institute