



## APPROVAL OF A GRADUATE TRAINEESHIP

### STUDENT

|                |  |
|----------------|--|
| Name:          |  |
| Date of birth: |  |
| Study ID:      |  |

### SENDING INSTITUTION

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|--|
| 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 contents: |  |

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

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

.....  
date and signature of the Director of the Institute