



## APPROVAL OF A PRACTICAL PLACEMENT

### STUDENT

Name:	
Date of birth:	
Study ID:	

### SENDING INSTITUTION

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

### HOSTING INSTITUTION

Country:	
Title:	
Address:	
Length of stay:	

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

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

.....  
date and signature of the Director of the Institution