**То**

**Teaching-Scientific/Scientific/Arts Council of the**

**(Faculty/Institute)**

**through the Council of the Study Program**

**APPLICATION**

**for completed international mobility**

|  |  |
| --- | --- |
| Name and Surname |  |
| Academic Record |  |
| Study program |  |
| Year of enrollment in the third cycle of academic studies - doctoral studies |  |
| Completed international mobility | (institution, place) |
| Period (at least one week) |  |

 I, PhD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a Mentor, hereby confirm that the student meets the requirements for obtaining 6 ECTS - credits for the completion of this activity.

Mentor Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment:

- Report on completed international mobility