Confirmation of Aurora Mobility

This is to certify that the participant undertook the mobility activities described in the UP Aurora Mobility application, carried out within the Aurora program, at our institution from \_/\_/2024 to \_/\_/2024[[1]](#footnote-1).

1. **Participant**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

1. **Sending institution**

|  |  |
| --- | --- |
| Country: | Czech Republic |
| Name of sending institution: | Univerzita Palackého v Olomouci |
| Faculty/Department: |  |

1. **Receiving institution**

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution:  |  |
| Faculty/Department: |  |
| Contact Person: |  |

1. **Signature**

|  |  |  |
| --- | --- | --- |
| On behalf of the receiving institution  |  | Date |

1. Please fill in the date of the activity (excluding days of travelling). [↑](#footnote-ref-1)