

# CONFIRMATION OF STUDY PERIOD

NAME OF SENDING I Faculty/Department of : ECTS departmental coor Tel.: +42058	Faculty of	Palacký Univer Medicine and Den Nakládalová Petra Fax.:	itistry	Czech Republic	
NAME OF STUDENT: Date and place of birth: Matriculation date.: ESI:		29.05.1998 8.2018	<b>First name:</b> A the Slovak Republic, Tr <b>Matriculation number:</b>	Aneta rstená <b>(sex)</b> F L18225	
NAME OF RECEIVING INSTITUTION: University of Tartu the Republic of Estonia   Faculty/Department of : ECTS departmental coordinator: the Republic of Estonia   Tel.: 585632015 Fax.: e-mail.:					

Mobility type: Semester(s)

Virtual mobility: No

This is to certify that the student has attended University of Tartu, Tartu, the Republic of Estonia

#### from 05.06.2023 to 30.06.2023

of the 2022/2023 academic year.

#### During the period the student has attended the following courses:

Course Unit code (1)	Title of the course unit	Duration of course unit (2)
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(1) (2) see explanation on back page	lu	
Date: 24.01.2024	Signature of registrar/dean administration officer	Stamp of institution

Nakládalová Petra, Ing.

ACKEHO

## (1) Course unit code:

Refer to the ECTS information Package

### (2) Duration of course unit:

Y = 1 full academic year

- 1S = 1 semester
- 1T = 1 term/trimester
- 2S = 2 semesters 2T = 2 terms/trimesters