



CONSTANTINE  
THE PHILOSOPHER  
UNIVERSITY  
IN NITRA

## CONFIRMATION OF ERASMUS+ STUDY

### STUDENT'S PERSONAL DATA

First name:	_____
Family name:	_____
Name of Faculty:	_____
Date of birth:	_____
Family post address:	_____
Telephone:	_____
e-mail:	_____

### DURATION OF STUDENT'S ERASMUS+ STUDY

From day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_  
Until day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

### PARTNER UNIVERSITY'S DATA

Name of Institution	_____
Post address:	_____
Full name of the person in charge of the International Office:	_____
Post address:	_____
Telephone:	_____
Fax:	_____
e-mail:	_____

.....  
Signature of student:

.....  
Date:

.....  
Signature and stamp of the person  
in charge of the International Office:

International Relations Office, Tr. A. Hlinku 1, 949 74 Nitra, Slovak Republic

Contact person:

Mgr. Janka Romančíková

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