**REDUCTION OF ERASMUS+ STUDY PERIOD**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Contact E-mail** |  | **Academic year** | 20.. / 20.. |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Czech Technical University in Prague | **Faculty** |  |
| **Erasmus ID** | CZ PRAHA10 | **Country** | Czech Republic |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Faculty** |  |
| **Erasmus ID** |  | **Country** |  |

**II. REDUCTION DETAILS**

The above-mentioned student hereby applies for the reduction of his/her study period at the receiving institution until: **DD/MM/YYYY**

**III. MOTIVATION LETTER**

|  |
| --- |
| (please briefly state the reasons for your request) |

|  |  |
| --- | --- |
| **The student** |  |
| Name and surname *(in block letters)*: |  |
| Student's signature: | Date: |
|  |  |

|  |  |
| --- | --- |
| **Czech Technical University in Prague (The sending institution)** |  |
| Responsible person name – Vice-dean for studies *(in block letters)*: | |
|  |  |
|  |  |
| Signature: | Date: |
|  |  |

|  |  |
| --- | --- |
| **The receiving institution** |  |
| Reponsible person name *(in block letters)*: | |
|  |  |
|  |  |
| Signature: | Date: |
|  |  |