SOL·LICITUD DE REDUCCIÓ D'ESTADA ERASMUS ESTUDIS

APPLICATION FOR SHORTEN ERASMUS STUDIES STAY

Name of student:

Sending Institution: UNIVERSITAT DE VALÈNCIA (E VALENCI01)

Country: Spain

I wish to shorten my stay from one academic year to: (mark only one)

_____ First semester

_____ Second semester

Student's signature:

Date:

SENDING INSTITUTION: UNIVERSITAT DE VALÈNCIA (E VALENCI01)

We confirm that the length reduction is approved,

Name:

Position: Departmental Coordinator (Coordinador Acadèmic)

Date and signature:

Official institutional stamp:

HOST INSTITUTION (Name and Erasmus code)

_____

We confirm that the length reduction is approved,

Name:

Position:

Date and signature:

Official institutional stamp:

Please note:

Scanned signtures are acceptable

Remember to modify your Learning Agreement (visit http://links.uv.es/**rc321BS**)

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