

SOLICITUD DE REDUCCIÓN DE ESTANCIA ERASMUS ESTUDIOS
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: ____/____/_____

Signature:

Official institutional stamp:

HOST INSTITUTION (Name and Erasmus code)

We confirm that the length reduction is approved,

Name:

Position:

Date: ____/____/_____

Signature:

Official institutional stamp:

Please note:

Scanned signatures are acceptable

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