VNIVERSITAT DE VALÈNCIA

Servei de Relacions Internacionals i Cooperació

Cofinanciado por la Unión Europea

SOL·LICITUD DE CANVI DE SEMESTRE ERASMUS ESTUDIS

APPLICATION FOR THE CHANGE OF SEMESTER THE ERASMUS STUDIES STAY

Name of student:

Spanish ID number (DNI/NIE):

Degree of Student:

I wish to change my stay (select with an X):

From first semester to second semester____

From second semester to first semester____

Date: _____/_____/________ Signature:

SENDING INSTITUTION: UNIVERSITAT DE VALÈNCIA (E VALENCIO1)

We confirm that the change of semester is approved,

Name of signatory:

Position: Mobility Coordinator

Date: _____/_____/________ Signature:

Official institutional stamp:

HOST INSTITUTION (Name and Erasmus code)

____

We confirm that the change of semester is approved,

Name of signatory:

Position:

Date: _____/_____/________ Signature:

Official institutional stamp (Optional):

☐ I have submitted a copy to the International Relations Office at the host institution.

☐ I have submitted a copy to my Faculty at the Universitat de València.

☐ I have changed the Learning Agreement (visit http://links.uv.es/rc321BS)

Scanned signatures are acceptable