

SOL·LICITUD DE REDUCCIÓ D'ESTADA ERASMUS ESTUDIS
APPLICATION FOR THE REDUCTION OF THE ERASMUS STUDIES STAY

Name of student:

Spanish ID number (DNI/NIE):

Degree of Student:

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

_____ First semester

_____ Second semester

Date: ____/____/____

Signature:

SENDING INSTITUTION: UNIVERSITAT DE VALÈNCIA (E VALENCIO1)

We confirm that the length reduction is approved,

Name of signatory:

Position: Mobility Coordinator

Date: ____/____/____

Signature:

Official institutional stamp:

HOST INSTITUTION (Name and Erasmus code)

We confirm that the length reduction 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