



**SOL·LICITUD DE PRÒRROGA D'ESTADA**  
**APPLICATION FOR THE EXTENSION OF THE STAY**

Name of Student:  
Spanish ID number (DNI/NIE):  
Degree of Student:  
Dates of extension period: from \_\_\_\_\_ to \_\_\_\_\_  
Date \_\_\_/\_\_\_/\_\_\_\_ Signature:

HOME INSTITUTION: UNIVERSITAT DE VALÈNCIA (E VALENCIO1)  
We confirm that the extension is approved,  
Name of signatory:  
Position: Mobility Coordinator  
Date: \_\_\_/\_\_\_/\_\_\_\_ Signature:  
Official Institutional Stamp

HOST INSTITUTION (Name and Erasmus code)  
\_\_\_\_\_  
We confirm that the extension is approved,  
Name of signatory:  
Position:  
Date: \_\_\_/\_\_\_/\_\_\_\_ Signature  
Official Institutional Stamp (Optional)

Scanned signatures are acceptable

- I have submitted a copy to my Faculty at the Universitat de València.
- I have submitted a copy to the International Relations Office at the host institution.
- I have changed the Learning Agreement according to this extension.

Scanned document to be sent to: [erasmus.estudis@uv.es](mailto:erasmus.estudis@uv.es)

To be submitted one month before the end of the initial period.