



**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 <https://links.uv.es/So3t6hb>)

Scanned signatures are acceptable