

SOL·LICITUD DE REDUCCIÓ D'ESTADA PROGRAMA INTERNACIONAL
APPLICATION FOR THE REDUCTION OF INTERNATIONAL PROGRAM 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

{ _____ We

confirm that the length reduction is approved,

Name of signatory:

Position:

Date: ____/____/_____

Signature:

Official institutional stamp (Optional):

It is necessary to modify the Learning Agreement (visit <https://webges.uv.es/uvPortalUVWeb/>)

Scanned signatures are acceptable.