

CHANGES OF MOBILITY PERIOD

ACADEMIC YEAR 2026-27

Name of the student	
Sending Institution	
Receiving Instituion/ Country	Universidad Rey Juan Carlos - E MADRID26 / Spain
Field of Study /Campus	

Original period:		Requested setting period	
From /to (dd/mm/yyyy): / / to 28/05/2027 approx.	Months _	From /to (dd/mm/yyyy): / / to 26/01/2027 approx.	Months 4

****Changes of stay must be according with semester dates of URJC**

Student's signature: Date.....

SENDING INSTITUTION. We confirm that the proposed changes are approved. We confirm that the proposed changes are approved. Signature of Departmental and or Institutional coordinator and stamp. Name: Date:

RECEIVING INSTITUTION. We confirm that the proposed changes are approved. We confirm that the proposed changes are approved. Signature of Departmental and or Institutional coordinator and stamp. Name: Date:
