**CHANGES OF MUNDE PERIOD**

ACADEMIC YEAR 2018/2019

|  |  |
| --- | --- |
| Name of the student |  |
| Sending Institution |  |
| Receiving Instituion/ Country |  |
| Field of Study /Campus |  |

|  |  |
| --- | --- |
| **Original period:** | **Requested additional period** |
|  From **/**to (dd/mm/yy): …../…../…..to …./…./….  | Months……….. |  From **/**to (dd/mm/yy): …../…../…..to …./…./….  | Months………… |

Changes of stay have to be according with semester dates of URJC

Student’s signature……………………………………………….. Date………..……..

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| --- |
| SENDING INSTITUTIONWe confirm that the proposed changes are approved. We confirm that the proposed changes are approved. |
| Signature of Departmental coordinator and stampName: .............................................................Date: ............................................................... | Institutional coordinator’s signature and stamp Name: ..................................................................Date: .................................................................... |

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| --- |
| RECEIVING INSTITUTIONWe confirm that the proposed changes are approved. We confirm that the proposed changes are approved. |
| Signature of Departmental coordinator and stampName: .............................................................Date: ............................................................... | Signature of Departmental coordinator and stampName: .............................................................Date: ............................................................... |