**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………..……..

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