CHANGES OF MOBILITY PERIOD

ACADEMIC YEAR 2025-26

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):	Months	From /to (dd/mm/yyyy):	Months
/ / to 26/05/2026 approx.	_	/ / to 22/01/2026 approx.	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: .....