

**EXTENSION/REDUCTION OF ERASMUS+ STAY 202 /2**

Student's Name	
Home University Erasmus Code	UNIVERSITY OF MURCIA E MURCIA01
Host University Erasmus Code	

Original study period:		Requested definitive period:	
From: ...../...../..... (dd/mm/yy)	To: ...../...../..... (dd/mm/yy)	From: ...../...../..... (dd/mm/yy)	To: ...../...../..... (dd/mm/yy)

**UNIVERSITY OF MURCIA DEPARTMENTAL ERASMUS COORDINATOR:**

I hereby confirm that the above-mentioned student is allowed to extend/reduce his/her Erasmus+ stay at the (name of host institution).....

Signature and stamp of the Departmental Erasmus Coordinator

Name: .....

Date: .....

**HOME UNIVERSITY:**

I hereby confirm that the above-mentioned student is allowed to extend/reduce his/her Erasmus+ stay at the (name of host institution).....

Signature and stamp of the Departmental and/or Institutional Coordinator at the host university

Name: .....

Date: .....

**UNIVERSITY OF MURCIA INTERNATIONAL RELATIONS OFFICE:**

We hereby confirm that the above-mentioned student is allowed to extend/reduce his/her Erasmus+ stay at the (name of host institution).....

Signature and stamp of the Institutional Coordinator at the University of Murcia

Name: Prof. Pascual Cantos Gómez, Vice-Rector for Internationalisation

Date: .....