**EXTENSION/REDUCTION OF ERASMUS+ STAY 2024/25**

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| Student’s Name |  |
| Home UniversityErasmus Code |  |
| Host UniversityErasmus Code | UNIVERSITY OF MURCIA**E MURCIA01** |

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

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| **UNIVERSITY OF MURCIA DEPARTMENTAL ERASMUS TUTOR/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 Tutor/CoordinatorName: ……………………………………………………..Date: …………………….. |

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| **HOST 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 universityName: ……………………………………………………..Date: …………………….. |