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

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| Student’s Name |  |
| Home University  Erasmus Code |  |
| Host University  Erasmus 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/Coordinator  Name: ……………………………………………………..  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 university  Name: ……………………………………………………..  Date: …………………….. |