EXTENSION/REDUCTION OF ERASMUS+ STAY 2025/26

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

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 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: ……..

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: ……..