



## EXTENSION/REDUCTION OF ERASMUS STAY 20 /20

Student's Name	
Home University Erasmus Code	
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 .....

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

Signature and stamp of the Departmental and/or Institutional Coordinator

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

Date: .....