# AMPLIACIÓN DE ESTANCIA/EXTENSION OF MOBILITY

# CURSO ACADÉMICO/ ACADEMIC YEAR

# 20\_\_\_\_/20\_\_\_\_\_

|  |  |
| --- | --- |
| Nombre del estudiante/ Student’s name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Universidad de destino/Host Univesity | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DNI/ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estudios/Field of Study  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Período inicial/ Orinal Period:** | **Período solicitado/ Requested period:** |
| Desde / From\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | Hasta/ To\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ | Desde/ From\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ | Hasta/To\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

🞏 Adjunto propuesta de estudiós/ Learning Agreement attached

Firma del estudiante/ Student’s signature ..........................................................

Fecha/Date ......................................

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| --- |
| UNIVERSIDAD DE DESTINO/ HOST INSTITUTIONAcepto la propuesta de ampliación/We confirm that the proposed extension is approvedFirma del coordinador institucional y sello Firma de Relaciones Internacionales y sello Signature of the Institutional coordination and seal Siganture of the International Relations Office  Name: ...................................................................... Name: ..................................................................Date: ........................................................................ Date: ................................................................... |
| UNIVERSIDAD DE LAS ISLAS BALEARES (UIB)Acepto la propuesta de ampliación/We confirm that the proposed extension is approvedFirma del coordinador institucional y sello Firma de Relaciones Internacionales y sello Signature of the Institutional coordination and seal Siganture of the International Relations Office  Name: ...................................................................... Name: ..................................................................Date: ........................................................................ Date: ................................................................... |