

CHANGES OF MUNDE PERIOD

ACADEMIC YEAR 2016/2017

Name of the student	
Sending Institution	
Receiving Institution/ Country	
Field of Study /Campus	

Original period:		Requested <u>additional</u> period	
From /to (dd/mm/yy):/...../.....to/...../.....	Months	From /to (dd/mm/yy):/...../.....to/...../.....	Months

Changes of stay have to be according with semester dates of URJC

Student's signature..... Date.....

SENDING INSTITUTION	
We confirm that the proposed changes are approved. Signature of Departmental coordinator and stamp	We confirm that the proposed changes are approved. Institutional coordinator's signature and stamp
Name:	Name:
Date:	Date:

RECEIVING INSTITUTION	
We confirm that the proposed changes are approved. Signature of Departmental coordinator and stamp	We confirm that the proposed changes are approved. Signature of Departmental coordinator and stamp
Name:	Name:
Date:	Date: