# 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| **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 INSTITUTION Acepto la propuesta de ampliación/We confirm that the proposed extension is approved  Firma 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 approved  Firma 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: ................................................................... |