**AMPLIACIÓ D’ESTADA / EXTENSION OF PERIOD**

**CURS ACADÈMIC / ACADEMIC YEAR 20**      **/ 20**     

|  |  |
| --- | --- |
| Nom de l’estudiant/  Student’s name |  |
| Universitat de destinació/  Host University |  |
| DNI/ID |  |
| Estudis/  Field of Study |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Període inicial / Original Period:** | | **Període sol·licitat / Request period:** | |
| Des de/ From        /       / | Fins / To        /       / | Des de /From        /       / | Fins / To        /       / |

Adjunt la proposta d’estudis / Learning agreement attached

Signatura de l’estudiant / Student’s signature........................................................

Data / Date       /       /      .

|  |
| --- |
| **UNIVERSITAT DE DESTINACIÓ / HOST INSTITUTION**  Accepto la proposta d’ampliació / We confirm that the proposed extension is approved.  Firma del coordinador institucional i segell Firma del Servicio de Relaciones Internacionales  Signature of the institutional coordinator and seal International Relations Office signature and seal  Name: ................................................................ Name:.................................................................  Date:................................................................... Date:................................................................... |
| **UNIVERSITAT DE LES ILLES BALEARS (UIB)**  Accepto la proposta d’ampliació / We confirm that the proposed extension is approved.  Firma del tutor ERASMUS i segell Firma del coordinador institucional i segell  Signature of the ERASMUS tutor and seal Institutional coordinator’s signature and seal  Name: ................................................................ Name:.................................................................  Date:................................................................... Date:................................................................... |

SERVEI DE RELACIONS INTERNACIONALS DE LA UIB.