**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 InternacionalesSignature of the institutional coordinator and seal International Relations Office signature and sealName: ................................................................ 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 segellSignature of the ERASMUS tutor and seal Institutional coordinator’s signature and sealName: ................................................................ Name:.................................................................Date:................................................................... Date:................................................................... |

SERVEI DE RELACIONS INTERNACIONALS DE LA UIB.