



## ERASMUS PROGRAMME CHANGE OF STAY REQUEST

|  |                                    |
|--|------------------------------------|
| SURNAME AND NAME :   | IDENTIFICATION NUMBER OR PASSPORT: |
| CENTER (FACULTY, ACADEMY OR SCHOOL) IN WHICH YOU ARE STUDYING: |                                    |
| HOME UNIVERSITY:   | RECEIVING UNIVERSITY:              |
| MONTHS OF STAY PLANNED:  | MONTHS OF STAY REQUESTED:          |

With the present document I show my approval for the  
aforementioned change of stay.

|                     |  |   |
|---------------------|--|---|
| STUDENT'S SIGNATURE | HOME INSTITUTION'S SIGNATURE<br><br><small>The person in charge of International Relationship<br/>at the Centre.</small> | RECEIVING INSTITUTION'S<br>SIGNATURE<br><br><small>The person in charge of International Relationship<br/>at the Centre</small> |
|---------------------|--|---|

*You are kindly requested to send the present document by fax, when it has been duly  
sign, by the three parts,*

***Deadline to hand in this document:***

- \* Students of the first semestre, by 30<sup>th</sup> November of the academic year.***
- \* Students of the second semestre or complete year, by the 15<sup>th</sup> March of the academic year***