

|  |
| --- |
| **SOLICITUD DE AMPLIACIÓN DE ESTANCIA ERASMUS+**  *REQUEST FOR EXTENSION OF STAY ERASMUS+* |

**CURSO ACADÉMICO2016 / 2017**

*ACADEMIC YEAR 2016/ 2017*

|  |  |  |
| --- | --- | --- |
| **Nombre del estudiante**  *Name of student* |  | |
| **DNI**  *Id Card Number* |  | |
| **Facultad / Escuela de origen**  *Home Faculty or School* |  | |
| **Titulación**  *Degree* |  | |
| **Teléfono, correo electrónico**  *Phone, email address* |  | @uco.es |
| **Facultad / Escuela de destino**  *Host Faculty or School* |  | |
| **Institución / Universidad de destino**  *Host Institution / University* |  | |

|  |  |
| --- | --- |
| **Período adicional solicitado**  *Additional period requested* | Meses  *Months* |

**Lugar y fecha**: …………….........

*Place and date:*

**Firmado y sellado por**: ………………………

*Signed and stamped by Host Institution*:

This application form must be signed and stampped by the Erasmus Coordinator of the host Faculty or School and sent to the Erasmus Coordinator of the home Faculty or School by email or fax. The list of Erasmus Coordinators is available in the next link: http://www.uco.es/internacional/extranjeros/erasmus/contacta.html