

Erasmus+ Outgoing Student
ACCEPTANCE OF MOBILITY

Please fill in the form and send it to the International Relations Office of Universidad del Atlántico Medio at movilidad@atlanticomedio.es

Academic year	_____	Semester	_____
Student's name	_____	Student's surname	_____
Sending institution	<u>Universidad del Atlántico Medio (E LAS-PAL48)</u>		Country <u>Spain</u>

The student accepts the place at the following institution:

HOST INSTITUTION:

Name and full address

The mobility will have duration of ☐ semester or ☐ full academic year

Student's signature	International Relations Officer of the home institution's signature
_____	_____
_____	_____
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
_____	_____