**Application for the change**

**of Erasmus+ mobility period**

**in the academic year of ……/……**

|  |  |
| --- | --- |
| Student’s name |  |
| Sending Institution | **Medical University of Bialystok**  ul. Jana Kilińskiego 1, 15-089 Białystok, Poland  phone no. +48 85 748 54 15 (Main Office)  phone no. +48 85 686 53 37 (Erasmus+ Office)  e-mail: international@umb.edu.pl |
| Receiving Institution |  |

|  |  |
| --- | --- |
| Dates of the original mobility period*(DD/MM/YYYY)* | \_\_ / \_\_ /\_\_\_\_\_ |
| Dates of the new mobility period *(DD/MM/YYYY)* | \_\_ / \_\_ /\_\_\_\_\_ |
| Date and signature of the applicant |  |

**Acceptance of the new mobility period by the receiving institution**

|  |  |
| --- | --- |
| Name and the position of the responsible person |  |
| Date and signature |  |
| Institutional Stamp |  |

**Acceptance of the new mobility period by the sending institution**

|  |  |
| --- | --- |
| Name and the position of the responsible person | dr hab. Edyta Zbroch  Institutional Coordinator of Erasmus+ Programme |
| Signature |  |
| Institutional Stamp |  |