

**MOBILITY CERTIFICATE
MODIFICATION OF DURATION
Academic year 20..../ 20....**

Sending Institution	Receiving Institution
University of Lille - International Office Cité Scientifique – Bâtiment A3 59655 VILLENEUVE D'ASCQ CEDEX France	
Student's data	
First Name	
Last Name	
Intended duration of stay (day/month/year)	from/...../..... to/...../.....
New duration of stay (day/month/year)	from/...../..... to/...../.....
I, the undersigned, commit myself to fill in my learning agreement for the extension or reduction of my stay.	
Place, date Student's signature	
Approval of the host institution	
Name and function of signatory	
Place, date Signature, stamp	
Approval of the sending institution	
Name and function of signatory	
Place, date Signature, stamp	