

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 | |