

Please fill in the form and return it to the student, who has to 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 | _____ | | Country | _____ |

HOST INSTITUTION:

Name and full address

Universidad del Atlántico Medio, Carretera de Quilmes 37, 35017 Tafira Baaja, LPGC

International Relations Officer – name and surname, email

DATE OF BEGINNING OF THE ACTIVITIES

(Welcome Day/ language pre-session course/start of the academic activities)

at the host institution (dd/mm/yyyy):

| | |
|--|--|
| <p>Student's signature</p> <p>_____</p> <p>Date (dd/mm/yyyy) _____</p> | <p>International Relations Officer of the host institution's signature</p> <p>_____</p> <p>Date (dd/mm/yyyy) _____</p> |
|--|--|

TO BE SIGNED AND STAMPED BELOW BY THE HOME INSTITUTION. TO BE SENT IN RETURN TO THE UNIVERSIDAD DEL ATLÁNTICO MEDIO WITHIN 10 WORKING DAYS COUNTING FROM THE FIRST DAY OF ACTIVITIES.

