 

Hospital Real

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# Vicerrectorado de Internacionalización

# Vice-rectorate for Internationalization

**PROPOSAL LETTER FOR SHORT MOBILITIES (Studies and Traineeships)**

**Details of the student**

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Passport number: |  |
| Email Address: |  |
| Sending Institution: |  |
| Coordinator at Sending Institution: |  |
| Level of student (Undergraduate, Master, Doctorate PhD\*): |  |
| Faculty/School at Receiving Institution: |  |

This is to inform that the above mention student is proposed for the following **short mobility** at the Receiving Institution (please indicate option A or B and specify):

* A Activity. Please specify kind of activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* B BIP: Please indicate the name and code of the BIP:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPORTANT: Student will gain (mínimum) 3 ECTS.

**Period of Stay**

|  |  |
| --- | --- |
| **Period of physical mobility (5 to 30 days)** | **Period of virtual mobility** |
| Beginning of the physical period: | Beginning of the virtual period: |
| End of Physical period: | End of virtual period: |

IMPORTANT: For undergraduate and Master students, no short mobilities will be accepted if there are not a physical **AND** a virtual periods. Only Doctorate/PhD could have only physical period.

Signature of the student:

Signature of the person in charge of the BIP or in charge of the activities to be carried out in the Receiving Institution:

Signature of the person in charge of the international mobility in the Faculty or School at the Receiving Institution

Only for Doctorate/PhD students:

Please detail the abstract of the Research at the University of Cádiz (Between 1-3 Pages):