**PROPOSAL LETTER FOR SHORT –TERM MOBILITIES (Studies o Training)**

**Student´s Details**

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

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

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

IMPORTANT: Student will gain (minimum) 3 ECTS.

**Period of Stay**

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

IMPORTANT: Bachelor and Master programme students will not qualify for short term mobility period unless a virtual and physical period is guaranteed. This does not apply to PhD students, who might carry out a physical mobility period only.

Signature of the student:

Signature of the Coordinator at Sending Institution/BIP:

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

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

If you are going to work on your final degree or master thesis or on your Doctorate/PhD, please provide a detailed summary of your current research at the University of Cádiz (1-3 Pages):