**PROPOSAL LETTER FOR SHORT-TERM MOBILITY AND BLENDED INTENSIVE PROGRAMS (BIP)**

INFORMATION ABOUT THE PARTICIPANT

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| DNI/NIE (passport not accepted) |  |
| EMAIL ADDRESS |  |
| STUDY CYCLE(Bachelor, Master or Doctorate)  |  |
| SENDING INSTITUTION & ERASMUS CODE  | UNIVERSIDAD DE CADIZ (E CADIZ01) |
| FACULTY/SCHOOL AT SENDING INSTITUTION  |  |
| INTERNATIONAL MOBILITY COORDINATOR AT SENDING INSTITUTION (NAME & EMAIL) [*List of coordinators in each faculty*](https://internacional.uca.es/wp-content/uploads/2020/12/Fact-Sheet.pdf)  |  |
| RECOGNITION AT UCA (mobility coordinator must indicate how the BIP will be recognized): SUBJECT CODE AND NAME, IF APPLICABLE |  |

INFORMATION ABOUT THE MOBILITY

|  |  |
| --- | --- |
| **PHYSICAL MOBILITY (5 TO 30 DAYS)** | **VIRTUAL MOBILITY (MANDATORY FOR BACHELOR/MASTER STUDENTS)** |
| Beginning day: | Beginning day: |
| End day: | End day: |

INFORMATION ABOUT THE ACTIVITY (provided by receiving institution in the FactSheet/Programme)

|  |  |
| --- | --- |
| RECEIVING INSTITUTION & ERASMUS CODE |  |
| MOBILITY COORDINATOR AT RECEIVING INSTITUTION (name & email) |  |
| EDUCATION FIELD (ISCED)[List of education fields (4 digits code)](https://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-fields-of-education-and-training-2013-detailed-field-descriptions-2015-en.pdf) |  |
| Nº ECTS TO BE RECOGNIZED |  |
| CITY & COUNTRY OF THE PHYSICAL MOBILITY  |  |
| DESCRIPTION OF THE VIRTUAL COMPONENT (sobre 250 caracteres) |
|  |
| Description of the PHYSICAL MOBILITY (daily program) |
|  |
| **APPLICABLE ONLY FOR BIP PROGRAMMES** |
| BIP name (course title) |  |
| BIP code |  |

SIGNATURES

|  |  |  |
| --- | --- | --- |
| **Role** | **Full name** | **Signature (preferably, digital signature)** |
| **Student** |  |  |
| **International Mobility Coordinator at UCA** |  |  |