

Details of the applicant

Surname(s): Name:

Ref.: MGS/202 /

Details of the host institution

Name of the institution (institute / faculty / department / research centre):
.....

Person responsible for the stay at the host institution:

Full name: Position:

I HEREBY REQUEST: Authorisation to take leave of absence from the host institution for the period indicated below, with the approval of the person in charge and in accordance with Article 11.4 of Appendix I of the call for applications which deals with absences during the stay.

Place where the activities will be carried out during the leave of absence:
.....

Leave of absence start date: End date:

Reasons justifying the absence during the stay.

The applicant

The person responsible for the stay

(Signature)

(Signature)

Castelló de la Plana, 202.....

Submit this document via the electronic registry at least 15 days before the absence from the institution and keep the original.