

ANNEX 8. COVID-19 Mobility Amendment

First Name(s):		
Surname:		
Email:		
Current University:		
Type of mobility:	Study / Internship / Research	
Total amount of ECTS:		
Host Institution / Internship Provider (Name, city & country)		
Duration of study abroad / internship:	from / / day / month / year	To / / day/month/year
☐ has been cancelled due to COVID-19or☐ has been postponed from / 19		
-	ate-KIC Master School Programr	
Place, Date		
Signature (student)	Stamp and Signature (Host Institution)	

