**Notification of changes to the dates of the stay**

Mr./Ms. (full name), UMH host for (full name of the visiting personnel), hereby informs about changes to the originally planned dates of (his/her) stay at the UMH, which will ultimately take place between (start date) and (end date).

Please consider this modification and include the aforementioned visiting personnel in the UMH public liability insurance policy.

(Place and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMH host

Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of the (department/institute/ center/administrative service)