



ERASMUS + PROGRAMME

REQUEST FOR EXTENSION OF THE STUDY PERIOD

Full name: _____
Course title/Scientific Area: _____
Host Institution: _____

Contract period of foreign study

Previous Mobility Period from ____/____/____ to ____/____/____
New Mobility Period from ____/____/____ to ____/____/____
Total of Months _____

Host University:

Student needs an extension of the Erasmus period because:	
Host Institution Course Commission (Signature)	Student (Signature)
Date: ____/____/____	Date: ____/____/____

Home University:

The request for extension is: Authorized <input type="checkbox"/> Not Authorized <input type="checkbox"/>	
Home Institution (Signature)	Head of the Programme Commission (Signature)
Date: ____/____/____	Date: ____/____/____
Observations:	