**REQUEST FOR EXTENSION ERASMUS+ PERIOD: for the academic year 20\_\_/20\_\_**

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| **The student (surname and name)** |  |
| **HOME Institution** |  |
| **Erasmus period abroad** | from ………………………... to …………………….. *months* ……………………….. |
| **The student asks for an extension of his/her Erasmus period abroad for the months written below also in case of no available grants.** |
| ***Month(s) of extension requested*** ………………………... ***until*** ………………………...  |
| Student’s signature and date………………..………………….. , ……../……./………… |

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| **ACCEPTANCE BY THE ERASMUS+ COORDINATOR OF THE HOME INSTITUTION**The SENDING institution hereby authorizes the above mentioned student to extend his/her period of study for the above specified length.Date ……../……./………… Coordinator’s Name ………………..…………………………………………………………………………Coordinator’s Signature and Stamp ………………..……………………………………………………………….. |
| **ACCEPTANCE BY THE ERASMUS+ DELEGATE OF THE HOST INSTITUTION**The RECEIVING institution hereby authorizes the above mentioned student to extend his/her period of study for the above specified length.Date ……../……./………… Delegate’s Signature and Stamp ………………..……………………………………………………………….. |

**NB: NOT VALID without signature of the Erasmus contact person or the responsible of the International Office and stamp**

**of the host Institution**