

**ERASMUS + PROGRAMME - KA1 - LEARNING MOBILITY OF INDIVIDUALS**

**REQUEST FOR EXTENSION /*DOMANDA DI PROLUNGAMENTO***

**ACADEMIC YEAR*/ANNO ACCADEMICO 202\_/202\_***

**Student’s Personal Data**:

|  |  |
| --- | --- |
| Surname, first name *(cognome, nome)*: |  |
| E-mail-address *(indirizzo e-mail)*: |  |
| Course of studies *(corso di studio)*: |  |
| Department *(dipartimento)*: |  |
| Host organization (o*rganizzazione ospitante*): |  |
| Original length of stay as specified in the student's agreement (*durata iniziale del periodo all'estero, come specificato nel contratto)*: | Type of mobility activities:  🗹traineeship/*per tirocinio*  From/*dal* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to/*al*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Extension (*prolungamento)*: | From/*dal* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to/*al*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explain the reason fro which you are requesting the extension (*spiegare la motivazione sottesa alla richiesta di prolungamento*) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I hereby apply for the above stated extension of my study period abroad and, at the same time, I declare** / *Con la presente chiedo di poter prolungare il mio periodo all'estero come sopra specificato e contestualmente dichiaro:*

**Please tick one of the following boxes/ barrare una delle seguenti caselle**

🗹 to be open to extend my period abroad with or without  additional grants/*di essere disposto a prolungare il periodo all'estero con o senza contributi aggiuntivi*;

       Date            Student’s signature

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**Approval of the Host Organization:**

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| --- |
| We confirm that the mentioned student is authorized to extend his/her mobility period at our Institution for n. \_\_\_\_(month/s) and up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)  Name and function of signatory:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature stamp Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Approval of the Sending Institution (Departmental Coordinator):** |
| Considering the explanation's suitability, as well as the host organization authorization, we agree to accept the request of extension submitted by the student.  Name and function of signatory:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature stamp Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |