

ERASMUS FOR TRAINEESHIP - PERIOD OF EXTENSION

a.a. _____/_____

STUDENT

Matriculation n. _____

Family name _____ First name(s) _____

Brief statement of the main reasons for the extension:

Student's signature _____ Date _____

RECEIVING ORGANISATION

Receiving organisation	Country	Months according to the agreement	Months of extension	Total months	Total period from - to

We confirm that the above mentioned student is accepted at our organisation for the extension period.

Tutor's name _____ Signature _____ Date _____

UNIVERSITY OF SIENA

Mobility before graduation: President of the Teaching Committee's signature _____ Date _____

Mobility after graduation: Department Representative's signature _____ Date _____

Approval of the period extension: ☐ Yes ☐ No

The EU grant will cover the extended period: ☐ Yes ☐ No

The Erasmus Officer _____ Signature _____ Date _____

Digital signatures must be in graphic Pades (visible signatures)