



ERASMUS FOR STUDIES PERIOD EXTENSION

A.A. ____ / ____

The undersigned _____

applies for an Erasmus for studies period extension at _____

for _____ extra days.

Specify the new mobility end date: _____

Date _____

Signature of the student _____

Name and signature of the President of the Education Board at the
University of Siena _____

Name, signature and stamp of the receiving university's representative

ATTENTION

- The application must be submitted by e-mail (outgoing@unisi.it) to the International Relations Division no later than 15 days prior to the former end date.
- The total mobility period cannot be longer than 12 months and must end no later than the expiration date stated in the notice of selection (Study-Abroad Period and Acceptable Activities)
- If the prolongation affects the former study plan, the changes must be stated in the learning agreement and sent to the Students' Office in order to obtain a new approval.

RESERVED TO INTERNATIONAL RELATIONS DIVISION

Approval of the period extension: Yes No

The EU grant will cover the extended period: Yes No

Date _____

The Erasmus Officer of the University of Siena's signature
