ERASMUS FOR STUDIES PERIOD EXTENSION

A.A. _____/_____

The undersigned __________________________________________

applies for an Erasmus for studies prolongation at

__________________________________________________________

for _____ extra months and _____ extra days.

New departure date: ____________________________

To this purpose declares to:

1) have obtained the approval by the host university;
2) have obtained the approval by the home university coordinator
(Prof. ________________________________).

Date ______________________

Student’s signature _________________________________________

Host University’s signature _______________________________

ATTENTION

· The extension will not be paid.
· The application must be submitted to the International Relations Division no later than 15 days of the former departure and no later than May 1st of the present academic year, by e-mail (erasmus.out@unisi.it).
· Remember that the total mobility cannot be more than 12 months and must end no later than September 30th of the present academic year.
· If the prolongation affects the former study plan, the changes must be communicated to the Students’ Office and obtain a new approval.