**Request for Extension of the Erasmus Mobility Period**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Matriculation no. at IVARESE02 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
nominated for an Erasmus Exchange from \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

**Asks for**

the extension of the Erasmus mobility period until \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy), in order to carry out further study/traineeship activities.

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| ***PLEASE NOTE!*** | *That it’s not possible to extend from Spring to Autumn semester; all activities end within July 31st.* |

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

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| **HOME INSTITUTION**  Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Erasmus Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **We confirm that this extension of stay is approved**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Insitution’s official stamp* | **HOST INSTITUTION**  Name of the institution **Università degli Studi dell’Insubria**  Erasmus Code **I VARESE02**  **We confirm that this extension of stay is approved**  Name  Position  Signature  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Insitution’s official stamp* |

Please send the form to [**erasmus@uninsubria.it**](mailto:erasmus@uninsubria.it) at least 30 days before the end of the original Erasmus+ period.