

ERASMUS + PROGRAMME - KA1 - LEARNING MOBILITY OF INDIVIDUALS

REQUEST FOR EXTENSION ACADEMIC YEAR/.....

Student's Personal Data:

Family name, first name	
E-mail-address:	
Level of studies:	
Faculty at home university:	
Receiving Institution:	
Original length of stay as specified in the student's agreement:	Type of mobility activities: <input type="checkbox"/> study <input type="checkbox"/> traineeship From..... to.....
Requested extension (from ...to ...)	From to
Explain the reason you are requesting the extension	

Date, place:

Student's signature:

Approval of the Receiving Institution:

Name and function of signatory:	
Signature:	Stamp
Place and date _____/_____/_____	

Approval of the Sending Institution

To be signed by the *TRANSILVANIA UNIVERSITY OF BRASOV, RO BRASOV01* (sending institution):

Title of the signatory	Dean	Erasmus Departmental Coordinator
Name of the signatory		
Date:	Signature: Stamp	Signature: