**Request for extension of ERASMUS study abroad period**

**Student’s Personal Data:**

Name, first name:

E-Mail-Address:

Host Institution:

Original length of stay: from: to:

Extension: from: to:

I apply for the above stated extension of my study abroad period.

……………………………………………… …………………………………………………………

Place, Date Student’s Signature

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| **Approval of the Host Institution:**…………………………………………………………………………………………Name and function of signatory Signature…………………………………………………………………………………………..Place Date |

|  |
| --- |
| **Approval of the Sending Institution:** ……………………………………………………………………………………………Name and function of signatory Signature …………………………………………………………………………………………..Place Date |