**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

|  |
| --- |
| **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 |