

ERASMUS FOR STUDIES EXTENSION PERIOD

A.A. ____/____

The undersigned _____

applies for an Erasmus for studies prolongation period at

for ____ extra months

and/or

for ____ extra days

Specify the 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 _____

Signature _____

ATTENTION

- The extension period will be paid only if money will be available .
- The application must be submitted to the International Relations Division no later than 15 days of the former departure to the office's e-mail (icm @unisi.it).
- Remember that the total mobility period cannot be more than 12 months and must end no later than July 15th 2019.
- If the prolongation affects the former study plan, the changes must be communicated to this Division and the Students' Office and obtain a new approval.