**ERASMUS+**

**Application for Extension of Erasmus+ Study period**

1. **Student**

|  |  |
| --- | --- |
| Name of student |  |
| E-mail: |  |

1. **Erasmus Study Period**

|  |  |
| --- | --- |
| Name of sending institution: |  |
| Name of receiving institution: |  |
| Original duration of Erasmus study period: | from:  | until: |
| Extended duration of Erasmus study period: | from: | until:  |

1. **Motivation** (Why student wants to extend their Erasmus+ study period):

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1. **Confirmation of sending institution**

By signing this document, I confirm that I agree with extension of student’s Erasmus+ study period at host institution.

Date: …………………… Signature/stamp: ……………………………………………

 (Erasmus coordinator)

1. **Confirmation of host institution**

This is to certify that above mentioned student is allowed to extend their Erasmus+ study period a tour institution.

Date: …………………… Signature/stamp: ……………………………………………

 (Erasmus coordinator)