ERASMUS+ PROGRAMME - A.A. 20\_\_/20\_\_

ERASMUS PERIOD EXTENSION FORM

|  |  |
| --- | --- |
| **STUDENT’S NAME** |  |
| HOME UNIVERSITY | Università degli Studi di Milano – I MILANO01 |
| HOST UNIVERSITY |  |

|  |  |
| --- | --- |
| **Original mobility period**: | **Requested additional period**: |
| From: | To: | From: | To: |

|  |  |
| --- | --- |
| Student’s signature: | Date: |

|  |
| --- |
| **Home Institution:**We hereby confirm that the above-mentioned student is allowed to extend his/her Erasmus stay at (host Institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and Stamp of the Departmental Erasmus Coordinator:Date: |

|  |
| --- |
| **Host Institution:**We hereby confirm that the above-mentioned student is allowed to extend his/her Erasmus stay at (host Institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and Stamp of the Departmental / Institutional Erasmus Coordinator:Date: |

\*The student is required to send this form completed in all its parts to mobility.out@unimi.it at least one month before the original end of his/her mobility