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

ERASMUS PERIOD EXTENSION FORM

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

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

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

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| **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: |

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| **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](mailto:mobility.out@unimi.it) at least one month before the original end of his/her mobility