Università per Stranieri di Perugia

Erasmus+

To the attention of
Responsible Erasmus+

Faculty/Department

_____

University: _____

REQUEST FOR PROLONGATION OF THE STUDY PERIOD

I the undersigned, ……
……..

enrolled at the University ……
(……..……)

assignee of an Erasmus+ scholarship for the a.y. 20……/20……. for nr. ……..months, starting from …… at the University……..……..(……..……)

REQUEST

To prolong my Erasmus period for nr …….. months, in order to:

□ conclude the courses that i am currently attending and/or sit the final exams of the courses attended;

□ thesis research (*attaching the "learning agreement–during the mobility"*);

□ start or conclude a traineeship period (*attaching the "learning agreement–during the mobility"*);

□ attend new courses in the spring semester (*attaching the "learning agreement–during the mobility"*);

□ other, please specify

_____

(N.B. the activities above indicated must be duly certified by the hosting Istitution)

_____
(signature)

Date …../……../……..

Authorization,
Stamp and Signature of the Responsible
HOME University

_____

Authorization,

Palazzo Gallenga – Piazza Fortebraccio 4
06123 Perugia – Italia
www.unistrapg.it

SERVIZIO ERASMUS E MOBILITA' INTERNAZIONALE
Telefono +39 075 5746 266 301
E-mail erasmus@unistrapg.it

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Stamp and Signature of the Responsible
HOST University

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