**Request for Extension of the Erasmus Mobility Period**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Matriculation n. at IVARESE02 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nominated for an Erasmus Exchange from \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY)

**Asks for**

the authorization to extend the Erasmus mobility period until \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY), in order to carry out my study/traineeship activity.

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| ***ATTENTION!*** | *The extension of the Erasmus mobility period* ***WILL NOT BE FINANCED****The mobility period must not exceed 12 months per study cycle and must end* ***WITHIN December, 31st*** |

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

Expected graduation YEAR (COMPULSORY for IVARESE02 enrolled students only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HOME INSTITUTION**Name of the institution **Università degli Studi dell’Insubria**Erasmus Code **IVARESE02****We confirm that this extension of stay is approved**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Official Institution Stamp*  | **HOST INSTITUTION**Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Erasmus Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**We confirm that this extension of stay is approved**Name PositionSignature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Official Institution Stamp*  |

The student must send the document to **erasmus@uninsubria.it** at least 30 days before the end of the original Erasmus+ period.