**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.

|  |  |
| --- | --- |
| ***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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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  Position  Signature  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Official Institution Stamp* |

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