

Request for Extension of the Erasmus Period A.Y. 2018/19

The undersigned _____ Identification n. _____, Erasmus incoming student at University of Genoa in the A.Y. 2018/2019 from ____/____/____ (DD/MM/YYYY) to ____/____/____ (DD/MM/YYYY)

Asks for:

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

The mobility period must not exceed 12 months and has to end within the 30th of September 2019.

There must be no interruption between the period of study already authorized and the extension period requested by the student (vacations and the closing days of the host institution are not considered interrupts of the study period); any interruption must be clearly motivated and it must be validated both by the host and the home institution.

Place and date _____

Signature of the Student _____

SENDING INSTITUTION

Name _____ Erasmus Code _____

We confirm that the above requested extension of the Erasmus+ period 2018/19 for the student _____ is approved.

Name : _____ **Position:** _____

Signature : _____

Date: _____



Official Institutional Stamp

UNIVERSITÀ DEGLI STUDI DI GENOVA (I GENOVA 01)

Il/la sottoscritto/a _____ in qualità di referente dello scambio Erasmus+ per l'anno 2018/19 dichiara che nulla osta al prolungamento, come da richiesta sopra proposta del soggiorno Erasmus+ da parte dello studente sopra indicato

Data ____/____/____

Firma _____



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The form has to be sent to the International Mobility Office (coopint@unige.it) at least 15 days before the end of the registered Erasmus period. After verification, the international Mobility office will notify you the approval of the request.