

## Request for Extension of the Erasmus Period A.Y. 2019/20

The undersigned \_\_\_\_\_ Identification n. \_\_\_\_\_, Erasmus incoming student at University of Genoa in the A.Y. 2019/2020 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 2020.

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 2019/20 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 2019/20 dichiara che nulla osta al prolungamento, come da richiesta sopra proposta del soggiorno Erasmus+ da parte dello studente sopra indicato

**Data** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Firma** \_\_\_\_\_

Timbro

**The form has to be sent to the International Mobility Office ([coopint@unige.it](mailto: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.**