MODULO DI PROLUNGAMENTO

Application Form for Erasmus+ Mobility Extension

Academic Year 20__/20__

I, the undersigned

Name and surname _____

Enrolled at UNINT in the Faculty of _____

Taking part in the International mobility at the following Receiving Institution _____
_____**Erasmus code** _____

ask to extend the assigned period of mobility as follows

Extension in months _____

From (DD/MM/YYYY) _____ **To (DD/MM/YYYY)** _____

Reasons of the extension _____

_____

Type of the extension   ☐ **physical mobility**   ☐ **virtual mobility**

Date ____/_____/_____   **Student's signature** _____

Approved by

Sending Institution:	**Receiving institution:**
UNINT **Università degli Studi Internazionali di Roma**	_____ _____
Responsible person: Prof. Luciano Nieddu	**Responsible person:** _____
Position: Rector's Delegate for the IRO Office	**Position:** _____
Signature: _____	**Signature:** _____
Date: _____	**Date:** _____
Stamp:	**Stamp:**