**ERASMUS+ PROGRAMME**

**EXTENSION OF STAY FORM**

**ACADEMIC YEAR ............... / ........................**

**Name & Surname of Student**: ....................................................................

**Home Institution**: .........................................................................................

**Country:** .......................................................................................................

**Host Institution**: ...........................................................................................

**Country:** .......................................................................................................

**Faculty: ..............................................**

**ORIGINAL PERIOD OF STAY: FROM .................................TO ................................................**

**NEW PERIOD OF STAY: FROM .................................TO .................................................**

|  |
| --- |
| **HOST INSTITUTION**  **We confirm that this extension of stay is approved**. **Date:**………………………..  Erasmus Institutional/Departmental Coordinator Name : ......................................................................... Stamp and Signature : .......................................................  |
| **HOME INSTITUTION**  **We confirm that this extension of stay is approved**. **Date:**………………………..  Erasmus Institutional/Departmental Coordinator Name: ......................................................................... Stamp and Signature: .......................................................  |