**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: ....................................................... |