



MODULO DI PROLUNGAMENTO

Application Form for Erasmus+ Mobility Extension

Academic Year 20__/20__

I, the undersigned

Name and surname _____

From the University _____

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

Receiving Institution:

UNINT

Università degli Studi Internazionali di Roma

Responsible person: Prof. Luciano Nieddu

Position: Prorector for the IRO Office

Signature: _____

Date: _____

Stamp:

Sending institution:

Responsible person: _____

Position: _____

Signature: _____

Date: _____

Stamp: