

**ERASMUS+EXTENSION OF STAY REQUEST FORM**

**ERASMUS+ FOR STUDIES a.y. 2024/2025**

**V01 2024-10-15**

I, the undersigned (*Surname, Name*) ………………………………………………………………………………………………………………....………..

Dept. of ………………………………………………………………………………………….., currently carrying out a mobility period started on (*day/month/year*) …………………………………………………… in the frame of Erasmus+ for Studies for a period of **…………….** days (*please specify the duration of the mobility period as outlined in the bilateral agreement*),

**EXCEPTIONALLY REQUEST an extension of the mobility period**

from (day/month/year) ……………..………………..………… to (day/month/year) ………………………….……………………………….…..

for a period of **………….** days (*please specify the duration of the* *extension of the mobility period).*

for the following reasons:

[ ]  Academic reasons;

[ ]  Other (please specify): ……………………………………………………………………………………………………………….............................

During my extension period I will carry out the following activities: …………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………

The above activities will be carried out:

[ ]  By Distance Learning from Italy;

[ ]  By On-site Learning.

The extension of mobility will be approved by submitting this document including an approval of UniTo and of the Partner University, to *Sezione Mobilità Internazionale* by email to internationalexchange@unito.it. In order for your request to be approved:

* The document must be signed by the relevant person/office at the receiving institution and at the University of Turin **30 days** before the expected end mobility date (indicated in the bilateral agreement).
* The participant must send it by email to *Sezione Mobilità Internazionale* – University of Torino.

I am also aware that:

* If funds are available, for mobility periods undertaken abroad following an **authorised** extension, financial coverage will be guaranteed pursuant to art. 2.8 of the Grant Agreement);
* The whole mobility period must be completed by **30th September 2025.**

Date ……………………………………. The Participant ………………………………………………….

(*Signature or Name in Capital Letters*)

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| --- | --- | --- | --- | --- |
| **Authorization** | **Name** | **Position** | **Date** | **Signature** |
| Responsible person at theSending Institution |  |  |  |  |
| Responsible person at theReceiving Institution |  |  |  |  |