



**ERASMUS+EXTENSION OF STAY REQUEST FORM**

 **ERASMUS+ FOR STUDY v.6 2022-02-15**

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

Dept. of ………………………………………………………………………………………….., currently carrying out a mobility period started on (*day/month/year*) …………………………………………………… in the frame of Erasmus+ for Study for a period of **………….** months (*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* ***in days****)*

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 Distance Learning in the foreign country;

[ ]  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 internationalexchange@unito.it. The approval of this document will be accepted through one of the following methods:

* The document is signed by the relevant person/office at the receiving institution and at the University of Turin. The participant has to send it by email to *Sezione Mobilità e Didattica Internazionale* – University of Torino (internationalexchange@unito.it).
* The document, without signatures, is sent by email together with the authorization e-mails provided by both the receiving institution and the University of Turin. The participant has to send the document and emails to *Sezione Mobilità e Didattica Internazionale* – University of Torino (internationalexchange@unito.it).

I am also aware that:

* An additional grant may not be guaranteed for the extension period;
* The whole mobility period must be completed by 30 September 2021.

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

 (*Signature or Name in Capital Letters*)

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