



**ERASMUS+EXTENSION OF STAY REQUEST FORM ERASMUS+ FOR STUDY**

**V2 2023-01-24**

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 **………….** 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 UNITA e Mobilità Internazionale by email to [internationalexchange@unito.it](mailto: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 UNITA e Mobilità Internazionale* – University of Torino.
* 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 UNITA e Mobilità Internazionale* – University of Torino.

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 2023.

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

(*Signature or Name in Capital Letters*)

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| --- | --- | --- | --- | --- | --- |
| **Authorization** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Responsible person at the  Sending Institution |  |  |  |  |  |
| Responsible person at the  Receiving Institution |  |  |  |  |  |