 

**ERASMUS+EXTENSION OF STAY REQUEST FORM ERASMUS+ FOR STUDY a.y. 2023/2024**

**V3 2023-11-30**

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

Dept. of ………………………………………………………………………………………….., declare that I am carrying out a mobility period started on (day/month/year) …………………………………………………… in the frame of Erasmus+ for Study for a period of …………. (n.) **months** (please specify the duration of the mobility period as outlined in the bilateral agreement),

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

for a period of **……………. (n.) month/s** (*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: …………………………………………………………………………..

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The above activities will be carried out:

☐ By Distance Learning;

☐ 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. The approval of this document will be accepted through one of the following methods:

* The document is must signed by the relevant person/office at the receiving institution and at the University of Turin **30 days** before the expected end mobility date according to the duration of bilateral agreement;
* The participant has to send it by email to *Sezione UNITA e Mobilità Internazionale* – University of Torino.

I am also aware that:

* An additional grant is guaranteed up to a maximum of **3** months for an authorized extension period;
* In order to keep your Erasmus+ student status, you must take into consideration the whole period that you need to extend (regardless of the maximum number of months which can be paid);
* The whole mobility period must be completed by **30th September 2024.**

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 |  |  |  |  |