



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

**V.01 2023-01-09**

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

Dept. of ………………………………………………………………………………………….., currently carrying out a mobility period started on (*day/month/year*) …………………………………………………… in the frame of:

* Erasmus+ for Traineeship CALL 2022

for a period of **………….** months (*please specify the duration of the mobility period as outlined in the bilateral agreement*),

**REQUEST**

**an extension of the mobility period**

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

for the following reasons:

* Academic reasons;
* Covid-19;
* 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 UNITA e Mobilità 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 UNITA e Mobilità 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 **31/07/2024**

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 |  |  |  |  |  |

Direzione Innovazione e Internazionalizzazione – Sezione UNITA e Mobilità Internazionale

e-mail internationalexchange@unito.it