

***EXTRA ERASMUS* EXTENSION OF STAY REQUEST**

**V.01 17-12-2020**

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

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

* Extra Erasmus mobility (academic year 2019-2020, rescheduling mobility for a.y. 2020/2021)

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

**EXCEPTIONALLY 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 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 in 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 (internationalexchage@unito.it)
* The document, without signatures, is sent by email together with the authorization e-mails provided by both by 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 (internationalexchage@unito.it)
* A mix of the previous options

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 August 2020**

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 Attività Istituzionali, Programmazione, Qualità e Valutazione - Sezione Mobilità e Didattica Internazionale - e-mail internationalexchange@unito.it