



UNIVERSITÀ
DI TORINO



Erasmus+

ERASMUS+ EXTENSION OF STAY REQUEST FORM

V.01 2024-12-30

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 2024

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;
- 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 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 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 **31/07/2026**

Date

The Participant

(*Signature or Name in Capital Letters*)

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