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|  | **UNIWERSYTET SZCZECIŃSKI**  **DZIAŁ SPRAW MIĘDZYNARODOWYCH**  Al. Papieża Jana Pawła II 31, 70-453 Szczecin  tel. (+48 91) 444 10 58, (+48 91) 444 10 18, tel./fax (+48 91) 444 11 84  mail: [magdalena.zobel@usz.edu.pl](mailto:magdalena.zobel@usz.edu.pl) |

Extension of short-term studies

as an ERASMUS+ programme country student

Academic year 2018/2019

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| Student’s Name, Surname |  |
| Home University | UNIVERSITY OF SZCZECIN – PL SZCZECI01 |
| Receiving HEI |  |
| Receiving Faculty |  |
| Requested additional period  From - till (dd/mm/yyyy) |  |

Student’s Signature:…………………. …………….……… Date:…………………………

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| RECEIVING HEI  We hereby confirm that the above-mentioned student is permitted to extend his/her studies as Erasmus student at our Institution. |
| Erasmus Departmental/Institutional Coordinator or Erasmus Officer  Signature and stamp  Date: |

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| UNIVERSITY OF SZCZECIN  I hereby confirm that the above-mentioned student is permitted to extend his/her studies as an Erasmus student at the Receiving Institution. |
| Signature and stamp of the Erasmus Departmental Coordinator  Date:  Signature and stamp of the Erasmus Faculty Coordinator  Date:  Signature and stamp of the Dean  Date: |