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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 84mail: magdalena.zobel@usz.edu.pl  |

Extension of short-term studies

as an ERASMUS+ programme country student

Academic year 2019/2020

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

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

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| RECEIVING HEIWe 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 OfficerSignature and stampDate:  |

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| UNIVERSITY OF SZCZECINI 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 CoordinatorDate:Signature and stamp of the DeanDate: |