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|   | **UNIWERSYTET SZCZECIŃSKI****DZIAŁ SPRAW MIĘDZYNARODOWYCH**Al. Papieża Jana Pawła II 31, 70-453 Szczecin tel. (+48 91) 444 12 08mail: zaklin.skokowska@usz.edu.pl |

Extension of short-term studies

as an ERASMUS+ programme country student

 Academic year 2020/2021

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

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

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| UNIVERSITY OF SZCZECINWe hereby confirm that the above-mentioned student is permitted to extend his/her studies as Erasmus student at our Institution. |
| Signature and stamp of the International Exchange Coordinator at the receiving unitDate:  |

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| HOME UNIVERSITYI hereby confirm that the above-mentioned student is permitted to extend his/her studies as an Erasmus student at the Receiving Institution. |
| Erasmus Departmental/Institutional Coordinator or Erasmus OfficerSignature and stampDate:  |