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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 12 08, tel./fax (+48 91) 444 11 84  mail: [zaklin.skokowska@usz.edu.pl](mailto:zaklin.skokowska@usz.edu.pl) |

Extension of short-term traineeship

as an ERASMUS+ programme country trainee

Academic year 2020/2021

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

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

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| RECEIVING INSTITUTION  We hereby confirm that the above-mentioned student is permitted to extend his/her traineeship as Erasmus trainee at our Institution. |
| Responsible person  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 traineeship as Erasmus trainee at the Receiving Institution. |
| Signature and stamp of the International Exchange Coordinator  Date:  Signature and stamp of the person authorized to sign on behalf of the US faculty/doctoral school  Date: |