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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 84mail: 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 periodFrom / till (dd/mm/yyyy) |  |

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

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| RECEIVING INSTITUTIONWe hereby confirm that the above-mentioned student is permitted to extend his/her traineeship as Erasmus trainee at our Institution. |
| Responsible personSignature and stampDate:  |

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| UNIVERSITY OF SZCZECINI 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 schoolDate: |