Extension of short-term studies

Academic year 2019/2020

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

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

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| UNIVERSITY OF SZCZECIN  We 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 Erasmus Departmental Coordinator  Date:  Signature and stamp of the Erasmus Faculty Coordinator  Date: |

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| HOME UNIVERSITY  I 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 Officer  Signature and stamp  Date: |