ERASMUS+ 2021-2027 traineeship extension form

Academic year 2024/2025

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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. |
| Signature and stamp of the Responsible personDate:  |

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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 School, if requiredDate: |