ERASMUS+ 2021-2027 studies extension form

Academic year 2024/2025

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

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

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| RECEIVING HEIWe hereby confirm that the above-mentioned student is permitted to extend his/her studies as Erasmus student at our Institution. |
| Signature and stamp of Erasmus Coordinator/International Relations OfficerDate:  |

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| UNIVERSITY OF SZCZECINI hereby confirm that the above-mentioned student is permitted to extend his/her studies as an Erasmus student 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: |