Extension of short-term studies within the Erasmus+

Academic year 20…/20…

|  |  |
| --- | --- |
| Student’s Name, Surname |  |
| Home University |  |
| Receiving HEI | UNIVERSITY OF SZCZECIN |
| 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 exchange student at our Institution. |
| Signature and stamp of the 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 exchange student at the Receiving Institution. |
| Signature and stamp of the Coordinator or International Relations Officer  Date: |