



Extension of the Erasmus+ mobility period application

Wniosek o przedłużenie pobytu za granicą w ramach Programu Erasmus+

| Student's name and surname | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|---------------|
| Imię i nazwisko studenta | | | |
| Home University | | | Erasmus code: |
| Uczelnia macierzysta | | | |
| Host University | UNIVERSITY OF ZIELONA GÓRA | | Erasmus code: |
| Uczelnia przyjmująca | UNIWERSYTET ZIELONOGÓRSKI | | PL ZIELONA01 |
| To be filled by the Host University/Institution: | | | |
| We confirm that the Student mentioned above is permitted to extend his/her stay as an Erasmus+ Exchange Student at our | | | |
| University/Institution for the time period to | | | |
| (day/month/year) | | | |
| | | | |
| Signature of the Subject Area Erasmus+ Coordinator | | Stamp of the Host Institution | |
| | | | |
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| | | | |
| To be filled by the student: | | | |
| I hereby apply for the extension of my mobility period at the receiving institution within the Erasmus+ programme until: | | | |
| 1 | | | |
| (day/month/year) | | | |
| Motivation letter: | | | |
| | | | |
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| | | | |
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| | | | |
| Student's legible signature: | | | |
| To be filled by the Home University/Institution: | | | |
| We hereby confirm that the above mentioned student is permitted to extend his/her Erasmus+ mobility period at the | | | |
| University of Zielona Góra till | | | |
| (day/month/year) | | | |
| Signature of the Responsible person: | | Stamp of the Home Instit | aution |
| - 9 man to an area bounded bot | | | |
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¹ Please note that proposed study period extension cannot exceed the end of the academic year for which the applicant was nominated and that the sum of all study periods and traineeships in applicant's current study cycle cannot exceed total of 12 months, whichever comes first.