Erasmus + Programme

Application for Extension of Erasmus study period

ACADEMIC YEAR ____/____

Family name of the student	
First name of the student	
Email address(es) of student	
Home university (sending institution) & **Erasmus code**	
Host university (receiving institution) & **Erasmus code**	
Field of study	

ORIGINAL period		**ADDITIONAL period**	
From (day / month / year)	**Until** (day / month / year)	**From** (day / month / year)	**Until** (day / month / year)

HOME INSTITUTION

We confirm that the proposed extension is approved.

Name of the Erasmus departmental coordinator: .....

Signature of Erasmus departmental coordinator: .....

Date of signature (day / month / year): .....

Stamp of the home institution: .....

HOST INSTITUTION

We confirm that the proposed extension is approved.

Name of the Erasmus departmental coordinator: .....

Faculty: .....

Signature of Erasmus departmental coordinator: .....

Date of signature (day / month / year): .....

Stamp of the home institution: .....

☐ Learning Agreement (Attached)

Please send the document completely filled in, signed and stamped to international@ispa.pt