



AREA della RICERCA
UFFICIO per i
RAPPORTI
INTERNAZIONALI

ERASMUS EXTENSION REQUEST

The student _____

Born in _____ (_____) on _____

attending the University of _____, Department /Faculty of _____

granted with an Erasmus scholarship in the academic year -, to be spent at the University of _____ (_____) for _____ months

requires an extension of her/his scholarship of _____ months, for a total of _____ months.

Student's signature Date:

<p><u>SENDING INSTITUTION AUTHORIZATION</u></p> <p>RESPONSIBLE PERSON</p> <p>Date:</p>	<p>Stamp:</p>
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<p><u>UNIVERSITY OF CATANIA</u></p> <p>RESPONSIBLE PERSON</p> <p>Date:</p>	<p>Stamp:</p>
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