SEMP Outgoing Student
APPLICATION FOR EXTENSION OF THE MOBILITY PERIOD

Please fill in the form, get it signed by the hosting University and then send it to the International Office of Ca’ Foscari University of Venice by fax (+39 041 234 7567) or by e-mail (international.mobility@unive.it) to obtain the relevant signature. The student has also to submit the original form by hand or by mail to the International Office of Ca’ Foscari University within 15 days from the end of the mobility period.

The undersigned ___________________________ ____________________________

enrolled in the:  
- Degree Programme in ____________________________ ________________________
- Research Doctorate in ___________________________ __________________________

at Ca’ Foscari University of Venice,
holder of a Swiss-European mobility scholarship for the _______________ academic year for the duration of _______ months,

Departmental Coordinator at Ca’ Foscari ___________________________ ____________________________
hosting University ___________________________ ____________________________

applies

to get a _______ (no. of months) month extension of his/her Swiss-European mobility period starting from (dd/mm/yyyy) ________________________________ in order to conclude the courses he/she is attending at the hosting University.

Date (dd/mm/yyyy) _____ / _____ / _______

Student’s signature

________________________________________

Countersigned by
Stamp and signature of the SEMP Coordinator at the hosting University

Authorized by
Stamp and signature of the SEMP Departmental Coordinator at the sending University

________________________________________