APPLICATION FOR EXTENSION OF THE MOBILITY PERIOD

Please fill in the form and get it signed first by the sending University and then by the hosting University.

The undersigned (student’s name and surname)
________________________________________________________________________________________
exchange student at Ca’ Foscari University of Venice from (name of host Institution)
________________________________________________________________________________________

hereby ask for an extension of his/her mobility period in order to conclude the activities he/she is
carrying out at the host University (please specify such activities, i.e: exams, research activities)
________________________________________________________________________________________

Date of beginning of stay (as in the Confirmation of Arrival): ________________________
Expected duration of the mobility (in months): ___________________________________
Month of extension requested (from the expected end of mobility): ____________________

Appropriated changes to the learning agreement are enclosed to this form.

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

Student’s signature

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Stamp and signature of the Host University

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Stamp and signature of the Home University