**APPLICATION FOR EXTENSION OF ERASMUS STUDY PERIOD**

Please complete this form, obtain the signature of the hosting university, and submit it to the International Relations Office at UKSW

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| --- | --- |
| Student’s Name |  |
| Sending University | Cardinal Stefan Wyszynski University in Warsaw, Poland (Erasmus code: PL WARSZAW07) |
| Receiving University |  |
| Faculty at sending University |  |
| Year and semester of studies |  |
| Original study mobility period | Requested additional study mobility period[[1]](#footnote-1) |
| Date and Student’s signature |

**APPROVAL FOR THE MOBILITY EXTENTION**

We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus study mobility period

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| **RECEIVING UNIVERSITY** |
| Stamp and signature of the Erasmus+ CoordinatorDate: |
| **SENDING UNIVERSITY** |
| Stamp and signature of the Erasmus+ Departmental CoordinatorDate: | Stamp and signature of the Erasmus+ Institutional CoordinatorDate: |

1. There must be no gap between the original and the additional mobility period. The extension should begin on the day immediately following the end of the original period. [↑](#footnote-ref-1)