**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

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| **RECEIVING UNIVERSITY** | |
| Stamp and signature of the Erasmus+ Coordinator  Date: | |
| **SENDING UNIVERSITY** | |
| Stamp and signature of the Erasmus+ Departmental Coordinator  Date: | Stamp and signature of the Erasmus+ Institutional Coordinator  Date: |

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)