** ERASMUS+ PROGRAMME**

 **Request for Extension of Erasmus placement mobility**

**Academic Year:** 20….-20….

I, the undersigned student, …………………., request to extend the placement mobility at ………………….. institution.

|  |  |  |
| --- | --- | --- |
| **Name of Sending Institution** | **Sakarya University of Applied Sciences** | **ID Code:** TRSAKARYA 02 |
| **Departmental Coordinator**  | **Name:** |  |
|  | **E-mail:** |  |

Hereby request to extend the initially agreed Erasmus placement period

|  |  |  |
| --- | --- | --- |
| **Name of Receiving Institution** |  | **ID Code:** |
| **Exchange Mentor** | **Name:**  |  |
|  | **E-mail:** |  |
| **Original duration of placement mobility**  | **From:** | **To:** |
| **Extended duration of placement mobility** | **From:** | **To:** |

Date: Student’s signature:

**APPROVAL OF THE REQUEST BY THE RECEIVING INSTITUTION**

(Please return a copy of this form via e – mail to erasmus@subu.edu.tr)

The Exchange mentor herewith authorizes the above mentioned student to extend his/her ERASMUS placement mobility period at our institution.

Signature: Stamp:

Date:

**CONFIRMATION OF THE SENDING INSTITUTION**

This is to certify that the above mentioned student is accepted to extend his/her Erasmus placement mobility period at your institution.

**Öğrencinin misafir olduğu kurumdaki hareketlilik süresinin uzatılmasının uygun olduğunu beyan ederim.**

Departmental Coordinator: Institutional Coordinator:

Signature : Signature :

Date: Date: