

**APPLICATION FOR EXTENSION OF ERASMUS PERIOD**

**ACADEMIC YEAR: ………… / ………….**

**STUDENT:**

Student (name) ……………………………………………………………………………………………………

from the University of Lleida hereby applies for an extension of his/her Erasmus period of

at the host university …………………………………………………………………………………………….

for …….…. additional months for the following reasons:

……………………………………………………………………………………………......………………….……………………………………………………………………………......……………………………………….

………………………………………………………………………………………………………………………

Student’s signature: ………………………………………..

Date: ………………………………………..

**HOST UNIVERSITY:** …….……………………………………………………………………………………..

The host university hereby authorises the above mentioned student to extend his/her Erasmus study period for the above specified length, as long as the home university also agrees.

Signature: ……………………………………………….

Name: ………………………………………………

Date: …………………………….…………………

**HOME UNIVERSITY: University of Lleida**

The home university hereby authorises the above mentioned student to extend his/her Erasmus study period for for the above specified length, as long as the host university also agrees.

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Signature: ……………………………………………….

Name: ………………………………………………

Date: …………………………….…………………