

**ERASMUS + PROGRAMME - KA1 - LEARNING MOBILITY OF INDIVIDUALS**

**REQUEST FOR EXTENSION /*DOMANDA DI PROLUNGAMENTO***

**ACADEMIC YEAR*/ANNO ACCADEMICO \_\_\_\_\_\_/\_\_\_\_\_\_***

**Student’s Personal Data**:

|  |  |
| --- | --- |
| Surname, first name *(cognome, nome)*:  |  |
| E-mail-address *(indirizzo e-mail)*:  |  |
| Course of studies *(corso di studio)*: |  |
| Department *(dipartimento)*: |  |
| Host organization (o*rganizzazione ospitante*): |  |
| Original length of stay as specified in the student's agreement (*durata iniziale del periodo all'estero, come specificato nel contratto)* : | Type of mobility activities: study/*per studio* traineeship/*per tirocinio*From/*dal* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to/*al*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Extension (*prolungamento)*: | From/*dal* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to/*al*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explain the reason fro which you are requesting the extension (*spiegare la motivazione sottesa alla richiesta di prolungamento*)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**I hereby apply for the above stated extension of my study period abroad and, at the same time, I declare** / *Con la presente chiedo di poter prolungare il mio periodo all'estero come sopra specificato e contestualmente dichiaro:*

**Please tick one of the following boxes/ barrare una delle seguenti caselle**

 to be open to extend my period abroad with or without  additional grants/*di essere disposto a prolungare il periodo all'estero con o senza contributi aggiuntivi*;

 not be willing to extend my period abroad without additional grants/ *di non essere disposto a prolungare il periodo all'estero senza contributi aggiuntivi*.

       Date            Student’s signature

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**Approval of the Host Organization:**

|  |
| --- |
| We confirm that the mentioned student is authorized to extend his/her mobility period at our Institution for n. \_\_\_\_(month/s) and up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy) Name and function of signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature stamp Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Approval of the Sending Institution (Departmental Coordinator):** |
| Considering the explanation's suitability, as well as the host organization authorization, we agree to accept the request of extension submitted by the student .Name and function of signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature stamp Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Procedure:

1. The student should fill in the form, sign it and obtains the signature of the responsible person at the host organization;
2. The application must be sent by e-mail to the student’s departmental coordinator at the Politecnico di Bari and in cc **to** **rosilda.sammarco@poliba.it**;
3. The departmental coordinator at the Politecnico di Bari will approve (or not) the request for extension. In any case, the form must be sent by the coordinator to the Erasmus Office (e-mail: **rosilda.sammarco@poliba.it**) as soon as possible.