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|  | *UNIVERSITÀ DEGLI STUDI DI PAVIA* PROGRAMMA ERASMUS +/KA1 MOBILITÀ DEGLI STUDENTI PER TIROCINIO |  |
|  | *Realizzato con il contributo della Commissione delle Comunità Europee* |  |

###### RICHIESTA DI PROLUNGAMENTO DEL PERIODO DI MOBILITÀ

***REQUEST OF EXTENSION TO THE ERASMUS TRAINEESHIP PERIOD***

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identification n. \_\_\_\_\_\_\_\_\_\_\_\_, enrolled/graduated in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Pavia, and spending an Erasmus Traineeship period at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## ASKS

for an extension of the traineeship period for \_\_ months and \_\_ days for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned is aware that, because of fund shortage, the approval to the extension request won’t entitle to any financial contribution for the extended period.**

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

place date student’s signature

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| ***ACCEPTANCE BY THE RECEIVING INSTITUTION***  *The receiving Institution authorises the overmentioned student an extended period of training*  *\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *date stamp and signature* | ***ACCEPTANCE BY THE ERASMUS COORDINATOR AT THE UNIVERSITY OF PAVIA***  *Considering the motivation of the overmentioned student, I authorise an extended period of training*  *\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *date stamp and signature* |
| ***RESERVED TO THE INTERNATIONAL MOBILITY AT THE UNIVERSITY OF PAVIA***  *AUTHORIZATION OF EXTENSION:  YES  NO Head of International Office*  *(Dott.ssa Silvia Massara)*  *Pavia*, \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |