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|  | *UNIVERSITÀ DEGLI STUDI DI PAVIA*PROGRAMMA ERASMUS +/KA1MOBILITÀ 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*, \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |