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:
________________________________________________________________________________________
________________________________________________________________________________________
____________________________________________________________________________________

______________________, ____/____/________ ____________________ ______________________
place date student’s signature

<table>
<thead>
<tr>
<th>ACCEPTANCE BY THE RECEIVING INSTITUTION</th>
<th>ACCEPTANCE BY THE ERASMUS COORDINATOR AT THE UNIVERSITY OF PAVIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The receiving Institution authorises the overmentioned student an extended period of training</td>
<td>Considering the motivation of the overmentioned student, I authorise an extended period of training</td>
</tr>
<tr>
<td><strong><strong>/</strong></strong>/________ stamp and signature</td>
<td><strong><strong>/</strong></strong>/________ stamp and signature</td>
</tr>
</tbody>
</table>

RESERVED TO THE INTERNATIONAL MOBILITY AT THE UNIVERSITY OF PAVIA

AUTHORIZATION OF EXTENSION: ☐ YES ☐ NO

Pavia, ____/____/________ ______________________________

Head of International Office
(Dott.ssa Silvia Massara)