**APPLICATION FOR EXTENSION OF ERASMUS PERIOD**

**ACADEMIC YEAR:** 2024/25

**STUDENT:**

Student’s full name: **…………….…………..……………………………………………………………**

from the University of Lleida (E LLEIDA01) hereby applies for an extension of his/her Erasmus period

at the receiving university for **FULL ACADEMIC YEAR** for the following academic reasons:

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

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

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

Date: ………………………………………..

**SENDING UNIVERSITY: University of Lleida (E LLEIDA01)**

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

Faculty/School Coordinator:

Signature: ……………………………………………….

Name: ………………………………………………

Date: …………………………….…………………

**RECEIVING UNIVERSITY:** …….…………………………………………………………………………..

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

Coordinator at receiving institution:

Signature: ……………………………………………….

Name: ………………………………………………

Date: …………………………….…………………