MODULO DI RICHIESTA PROLUNGAMENTO

EXTENSION REQUEST

Nome, Cognome *(Name, Surname)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Università Ospitante (Hosting University):

Semestre (Semester) : Mesi (Months):

Prolungamento richiesto per numero di mesi (Extension required – nr of Months):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motivazione per richiesta prolungamento (reason for the request of extension):

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

Firma dello studenteSign of the student**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Lo studente firmatario accetta il prolungamento anche in mancanza di copertura finanziaria)

**HOST INSTITUTION**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Erasmus Coordinator or Administrative Head at host Institution

herewith declare that …………………………… Erasmus student Mr/Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is allowed to longer his/her stay at our University for  months ( within September 30th 2015).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SENDING INSTITUTION

Institutional Erasmus Coordinator

Prof. Antonio Fiengo

Accademia di Belle Arti di Venezia

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and stamp

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