**Extension of ERASMUS+ Student Mobility for Studies**

**Academic year 20…./….**

|  |  |
| --- | --- |
| Student’s Name, Surname |  |
| Home University | Jagiellonian University in Krakow (PL KRAKOW01) |
| Receiving University |  |
| Requested additional period  From / till (dd/mm/yyyy) |  |

Student’s Signature:………………….………………………………….…………. Date:……………………………………….

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We hereby confirm that the above-mentioned student is permitted to extend his/her studies as Erasmus+ student at our University. | |
| Erasmus Departmental/ Institutional Coordinator or Erasmus Officer  Name, surname: | |
| Signature:  Date: | Stamp or seal |
| **JAGIELLONIAN UNIVERISTY IN KRAKOW**  I hereby confirm that the above-mentioned student is permitted to extend his/her studies as an Erasmus+ student at the Receiving University. | |
| Signature and stamp of the Erasmus Departmental Coordinator  Name, Surname: | |
| Signature:  Date: | Stamp or seal |