UNIVERSITÀ DEGLI STUDI DELLA REPUBBLICA DI SAN MARINO

REQUEST FOR EXTENSION/REDUCTION OF THE ERASMUS+ MOBILITY PERIOD

to be filled in by the student

The undersigned _____ Matriculation (I SAN-MAR01) n. _____, nominated for an Erasmus Exchange from ____/____/_____ (DD/MM/YYYY) to ____/____/_____ (DD/MM/YYYY)

Asks for

☐ the authorization to extend the Erasmus mobility period until ____/____/_____ (DD/MM/YYYY), in order to carry out my study activity. *

☐ the authorization to reduce the Erasmus mobility period until ____/____/_____ (DD/MM/YYYY) for the following reason: _____

_____

* *The extension of the Erasmus mobility period **WILL NOT BE FINANCED**. The mobility period must not exceed 6 months per study cycle and must end **WITHIN December, 31st***

Place and date _____   Student's signature _____

to be filled in by the home/host institution

HOME INSTITUTION *(extension/reduction)*	**HOST INSTITUTION** *(extension)*
Name of the institution: **Università degli Studi della Repubblica di San Marino** Erasmus Code: **I SAN-MAR01** **We confirm that this extension of stay is approved** Name _____ Position_____ Signature _____ Date _____ *Official Institution Stamp*	Name of the institution: _____ _____ Erasmus Code: _____ **We confirm that this extension of stay is approved** Name _____ Position_____ Signature _____ Date _____ *Official Institution Stamp*

The student must send the document to outgoing@unirsm.sm at least 30 days before the end of the original Erasmus+ period.