



REQUEST OF EXTENSION – academic year:

Student's Name & Surname	
Home Institution	IROMA02 School of Economics
Host Institution	
Additional period (up to)	
Reason for extending	

**ACCEPTANCE BY THE ERASMUS+ COORDINATOR
AT THE RECEIVING INSTITUTION**

The Receiving Institution authorises the student to extend his/her period of study until.....

Stamp & Signature

____/____/____
date

**ACCEPTANCE BY THE ERASMUS+ COORDINATOR
AT HOME INSTITUTION**

The Sending Institution authorises the student to extend his/her period of study until.....

Stamp & Signature

____/____/____
date