



**EXTENSION APPLICATION  
a.y. 2024-2025**

The student \_\_\_\_\_  
phone \_\_\_\_\_ student number \_\_\_\_\_

beneficiary of mobility for the a.y. 2024/25 from \_\_\_\_\_ to \_\_\_\_\_ - months: \_\_\_\_  
applies for the extension of the mobility for \_\_\_\_\_ days at the University of

\_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
PLACE                      / /                      \_\_\_\_\_  
DATE                      SIGNATURE OF THE STUDENT

**Official from the host University authorizing the extension**

\_\_\_\_\_  
PLACE                      / /                      \_\_\_\_\_  
DATE                      SIGNATURE AND STAMP OF THE  
OFFICIAL

**Departmental coordinator from the home University**

\_\_\_\_\_  
PLACE                      / /                      \_\_\_\_\_  
DATE                      SIGNATURE OF THE DEPARTMENTAL  
COORDINATOR

*Please note: the funding of the extension is not guaranteed. The University of Trieste may pay the additional days only in the event of further financial availability.*