UNIVERSITÀ DEGLI STUDI DI TRIESTE

Area dei Servizi Istituzionali
Unità di Staff Internazionalizzazione
Ufficio Mobilità Internazionale

ERASMUS+ STUDY MOBILITY EXTENSION a.y. 2025-2026

The student_____

From the University of _____

beneficiary of mobility for the a.y. 2025/26 from _____ to _____ - months: ____
applies for the extension of the mobility for _____days at the University of Trieste 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 at the University of Trieste

_____	____/__/____	_____
PLACE	DATE	SIGNATURE OF THE DEPARTMENTAL COORDINATOR

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