



**REQUEST OF EXTENSION
OF THE ERASMUS+ EXCHANGE**

The undersigned (Name and surname).....
coming from the University(country)
enrolled as Erasmus student at the University of Trieste from.....to.....
(Italian coordinator Prof.)

Applies for an extension of the Erasmus study period of months, until
..... for the following reasons:

-
-
-
-

Student's signature	Date
---------------------	------

Acceptance by the Erasmus coordinator of the University of Trieste:

The University of Trieste authorises the above mentioned student's extension of the Erasmus exchange.		
Coordinator's name	Date	Signature

NB: The present request of extension must be approved by the sending University