

**Extension of Erasmus+ mobility period**

**Mobility participant**

|  |  |
| --- | --- |
| Name of the participant |  |
| Subject area code (field of study)  |  |
| Name of the home insitution |  |
| Name of the host institution |  |

**Erasmus+ mobility period**

|  |  |
| --- | --- |
| Mobility Coordinator at home institution |  |
| Mobility Coordinator at the host institution |  |
| Original period | From: | To: |
| Extended period | From: | To: |

Participant´s signature...................................................Date.......................................

**Confirmation of the host institution**

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| **We confirm that the proposed extension is approved.** |
| Mobility Coordinator´s signature:......................................................................................... | Date and stamp:........................................................................................... |

**Confirmation of the home institution**

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| **We confirm that the proposed extension is approved.** |
| Mobility Coordinator´s signature:......................................................................................... | Date and stamp:........................................................................................... |