

**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**

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

**Confirmation of the home institution**

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