Erasmus+

UNIVERSITÀ DEGLI STUDI DI NAPOLI
"L'Orientale"

Extension of stay

Academic year 20__/20__

Student's Name, Surname	
Home University	**UNIVERSITY OF NAPLES L'ORIENTALE I NAPOLI02**
Host University	
Receiving Faculty/Department	
Initial Mobility Period From / till (dd/mm/yyyy)	
Requested additional period From / till (dd/mm/yyyy)	
Reasons for the extension (Choose the right option)	1. Semestral extension and addition of exams to Learning agreement; 2. Postponement of an exams session 3. Other (Please specify) …… …… …… …… ……

Student's Signature:…… Date:……

RECEIVING UNIVERSITY

We hereby confirm that the above-mentioned student is permitted to extend his/her studies as Erasmus student at our University.

Erasmus Departmental/ Institutional Coordinator or Erasmus Officer

Name, surname:

Signature:

Stamp or seal

Date:

UNIVERSITY OF NAPLES L'ORIENTALE

I hereby confirm that the above-mentioned student is permitted to extend his/her studies as an Erasmus student at the receiving university.

Signature and stamp of the Erasmus Office:

Name, Surname:

Date: