Class No:

File No:



**EXTENSION OF ERASMUS+ MOBILITY PERIOD**

**I. IDENTIFICATION DETAILS**

*The Student*

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First Name |  |
| Contact E-mail |  | Academic Year  |  |
| Department / Study programme |  |
| Mobility period outlined in the agreement  | From *(day/month/year)* |  |
| To *(day/month/year)* |  |

*The Sending Institution*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | University of Applied Sciences of Rijeka | Department |  |
| Erasmus ID | HR RIJEKA02 | Country  | Croatia |

*The Receiving Institution*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department |  |
| Erasmus ID |  | Country  |  |

**II. EXTENSION DETAILS**

**The above mentioned student hereby applies for the extension of his/her mobility period at the receiving institution until *(day/month/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Please note that the proposed mobility period extension cannot exceed the end of the academic year for which the applicant has been nominated (30 September) and that the sum of all study periods and traineeships in the applicant’s current study cycle cannot exceed a total of 12 months, whichever comes first.*

The extension of the mobility period must be approved by both receiving institution and the Polytechnic of Rijeka. By signing this document, all parties confirm the approval for the extension of the mobility period.

**This application does not automatically entitle the participant to an additional scholarship. An additional grant may not be guaranteed for the extension period. A decision will be made according to the budget reserves.**

I am interested in extension of my mobility period even in case I will get a zero-grant (no financial support from the Erasmus+ Programme) for the prolonged period of stay:

 YES NO

**III. EXTENSION REQUEST**

I, the undersigned *(Surname, Name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently carrying out a mobility period in the frame of Erasmus+ programme, exceptionally request an extension of the mobility period for the purpose of:

 study traineeship

During my extension period I will carry out the following activities *(if mobility is for study purpose, please specify the courses)*:

 …..

 The student

 Name and surname (in capital letters)

 Student’s signature: Date:

 The sending institution

 Responsible person name/position (in capital letters)

 Signature: Date:

 The receiving institution

 Responsible person name/position (in capital letters)

 Signature: Date:

*Note: The Participant has to send the signed document to the International Cooperation Office – University of Applied Sciences of Rijeka (**mobility@veleri.hr**).*

*After the approval of the request, the changes to the Learning Agreement will be signed.*