



Academic year 2017-2018

**REQUEST FOR EXTENTION OF ERASMUS STUDY
PERIOD ABROAD**

I, the undersigned, _____(student name) , enrolled in the _____ year for the
Degree _____ Course _____ in _____ Department
of _____ at the Università degli Studi “G. d’Annunzio” Chieti-Pescara

REQUEST

the extention to my Erasmus+ study period in the **University of** _____ for the
following reasons (please specify):

Initial period agreed in the contract stipulated with Università degli Studi “G. d’Annunzio” Chieti-
Pescara (art: 2.2)

From _____ to _____

Extension requested (art: 1.5)

From _____ to _____

(N.B. the initial date of extension period must follow the final date of the initial Erasmus period, **without interruption**)

Signature of Erasmus Coordinator at Host University

Student’s signature:

(the student accepts the extention
even without financial support¹)

Date: _____

Seal of Institution:

Signature of Erasmus Department Coordinator
at the Università degli Studi “G. d’Annunzio” Chieti-Pescara

Date: _____

Note: The student should send the form as a scanned version to uri1@unich.it and bring the original document to the Erasmus Office at the Home Institution (Lo studente dovrà inviare il documento per scansione a uri1@unich.it e al ritorno consegnare l’originale all’Ufficio Erasmus dell’Università degli Studi “G. d’Annunzio” Chieti-Pescara

¹ Support for request of extended Erasmus study periods will be financed at the end of the year on availability of funds from the Erasmus+ National Agency. (Il finanziamento per le mensilità di prolungamento richieste sarà accordato solo alla fine dell’anno Erasmus, quindi a consuntivo, ed è subordinato alla disponibilità di fondi da parte dell’Agenzia Nazionale Erasmus+).