

** ERASMUS+ PROGRAMME**

**Request for Extension of Erasmus Study Period**

**Academic Year:** 2023-2024

I, the undersigned student, …………………., request to extend my study period to 2023-2024 Spring semester at ………………………….. University.

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| **Name of Sending Institution** | Kastamonu University | **Erasmus Code:** TR KASTAMO01 |
| **Departmental Coordinator** | **Name:** | |
|  | **E-mail:** | |

Hereby request to extend the initially agreed Erasmus study period

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| **Name of Receiving Institution** |  | **Erasmus Code:** |
| **Exchange Coordinator** | **Name:** | |
|  | **E-mail:** | |
| **Original duration of study period** | **From:** | **To:** |
| **Extended duration of study period** | **From:** | **To:** |

Date: Student’s signature:

**APPROVAL OF THE REQUEST BY THE RECEIVING INSTITUTION**

The Exchange coordinator herewith authorizes the above mentioned student to extend his/her ERASMUS study period at our institution.

Signature: Stamp:

Date:

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**CONFIRMATION OF THE SENDING INSTITUTION**

This is to certify that the above mentioned student is accepted to extend his/her Erasmus study period at your institution.

**Öğrencinin karşı kurumda ikinci dönem alacağı dersleri inceledim. Bu derslerin uygun olduğunu beyan ederim.**

Departmental Coordinator: Institutional Coordinator:

Signature : Signature :

Date: Date: