

**Higher Education**

**Learning Agreement form**

**Student’s name**



DIDACTIC DIVISION

International Mobility Office

# **AREA DELLA DIDATTICA**

# **Ufficio Management Didattico**

**ERASMUS EXTENSION REQUEST**

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| The student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  attending the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Department /Faculty of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ granted with an Erasmus scholarship in the academic year ……… – ……….., to be spent at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( \_\_\_\_\_\_\_\_\_\_ ) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ months  requires an extension of her/his scholarship of \_\_\_\_\_\_\_\_ months, for a total of \_\_\_\_\_\_\_\_\_\_\_\_\_ months. |

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| Student’s signature …………………………………………………………. Date: …………………………………………… |

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| SENDING INSTITUTION AUTHORIZATION  RESPONSIBLE PERSON …………………………………………………………………………  Date: ……………………………………………….. | Stamp: |

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| UNIVERSITY OF CATANIA  RESPONSIBLE PERSON …………………………………………………………………………  Date: ……………………………………………………………… | Stamp: |