REQUEST FOR EXTENSION OF THE MOBILITY

Last and first name: ……………………………………………………………………………………….

Sending institution: …………………………………………………………… Country …………………

Receiving institution: ……………………………………………………… Country …………………

Original duration of study/research period: from ………………………… to ……………………

Extended duration of study/research period: from ………………………… to ……………………
(max until 31th March)

SIGNATURE and STAMP

Student  _______________________________________________________________________

Head of the study course at UNICT _________________________________________________

Responsible person at the Receiving Institution _______________________________________

Date: __________________

Piazza Università 16 - 95131 Catania