



MOBILITÀ PER TRAINEESHIP A.A. 2019 – 2020

EXTENSION REQUEST

The student _____
Born in _____ (_____) on _____
attending the University of Catania, Department of _____
granted with a traineeship, to be spent at the _____ (_____) for _____ months
requires an extension of his/her traineeship of _____ months, for a total of _____ months
(maximum mobility length: six months).

Student's signature Date:

<u>RECEIVING INSTITUTION FOR ACCEPTANCE</u> Date:	Stamp:
---	--------

<u>SENDING INSTITUTION</u> IRO Coordinator's signature (Dr.ssa V. Tutino) Date:	<u>International Relations Office Authorization</u> Months with funds:..... Months without funds:..... Stamp:
---	--