

 **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: |