**Request for extension of Erasmus+ study period**

**Academic Year**

**2020/21**

**Student’s details :**

|  |  |
| --- | --- |
| First Name, Last Name |  |
| Email Address |  |
| Field of Study |  |
| Home Institution | University of Angers, France (F ANGERS 01) |
| Host Institution |  |

**Mobility period :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intended Study Period** | | **Additional Study Period** | |
| **From**  ………/………/20………  (day/month/year) | **To**  ………/………/20………  (day/month/year) | **From**  ………/………/20………  (day/month/year) | **To**  ………/………/20………  (day/month/year) |

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| **HOME INSTITUTION**  We confirm that the proposed extension is approved.  Name of the coordinator :  Place & Date : Signature & Stamp : |

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| **HOST INSTITUTION**  We confirm that the proposed extension is approved.  Name of the coordinator :  Place & Date : Signature & Stamp : |