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

**Academic Year**

**2024/25**

**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 (période initialement prévue)** | | **Additional Study Period (période d’extension)** | |
| **From**  ………/………/20………  (day/month/year) | **To**  ………/………/20………  (day/month/year) | **From**  ………/………/20………  (day/month/year) | **To**  ………/………/20………  (day/month/year) |

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

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