



UNIVERSITÀ DEGLI STUDI DI MILANO

ERASMUS+ PROGRAMME - A.A. 2018/2019

ERASMUS PERIOD EXTENSION FORM

STUDENT'S NAME	
HOME UNIVERSITY	Università degli Studi di Milano - I MILANO01
HOST UNIVERSITY	

Original study period:		Requested additional period:	
From:	To:	From:	To:

Student's signature:
Date:

Home Institution: We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at (host Institution) _____ Signature and Seal of the Departmental Erasmus Coordinator: Date:
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Host Institution: We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at (host Institution) _____ Signature and Seal of the Departmental / Institutional Erasmus Coordinator: Date:
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