



UNIVERSITÀ DEL PIEMONTE ORIENTALE

MODULO DI PROLUNGAMENTO DEL PERIODO di MOBILITÀ

APPLICATION FOR EXTENSION OF THE MOBILITY PERIOD

The undersigned (student's name and surname)

student from Università del Piemonte Orientale at (name of host institution)

hereby ask for an extension of my mobility period for further _____ months (indicate only the additional monthly stay) for the following reason(s): _____

The undersigned is aware that the extension of his/her mobility period might not be financed.

Date (dd/mmh/yyyy) ____ / ____ / _____

Student's signature

Countersigned by Stamp and signature of the Coordinator or Officer at **host University**

Authorized by signature of the Coordinator at the **home University**
