***UNIVERSITY OF ORADEA***

***ERASMUS+ PROGRAMME***

***202\_ – 202\_***

***APPLICATION FOR EXTENSION OF THE STUDY PERIOD ABROAD***

***(to be sent to the International Relations Department by e-mail to*** [***dri@uoradea.ro***](mailto:dri@uoradea.ro) ***or*** [***erasmus@uoradea.ro***](mailto:erasmus@uoradea.ro) ***AT LEAST ONE MONTH BEFORE THE END OF THE MOBILITY)***

I the undersigned, ………………………., student at the University of Oradea, Faculty of ..........................., ERASMUS+ student for the period \_\_\_ / \_\_\_ / \_\_\_\_\_ - \_\_\_ / \_\_\_ / \_\_\_\_\_, hereby request the extension of the ERASMUS+ study/placement period at the University of ................................ () from \_\_\_ / \_\_\_ / \_\_\_\_\_ until \_\_\_ / \_\_\_ / \_\_\_\_\_.

I the undersigned declare to be aware that the grant of the scholarship depends upon the norms of the ERASMUS+ Programme and upon the availability of financial resources for this purpose. I agree to the following (please check the appropriate case):

zero-grant

fully funded grant

This extension has already been authorized by the host institution by signing this application.

Date: Signature of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***UNIVERSITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

I hereby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, coordinator of the ERASMUS exchange / International Relations Responsible, confirm the approval of this application for the extension of the ERASMUS study/placement period in our institution.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official institution stamp

(compulsory)

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

***UNIVERSITY OF ORADEA***

We confirm the approval of this application for the extension of the ERASMUS study/placement period.

Departmental Coordinator Institutional Coordinator

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carmen Buran

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_