



ERASMUS PROGRAMME
Request for Extension of
Erasmus study period



Academic Year: 20 ... / 20 ...

I, the undersigned STUDENT,

Name of student:		
E-mail:		
Name of sending institution:	Georg – August Universität Göttingen	ID Code: D GOTTING 01
Exchange coordinator	Name:	Philipp Kleinert
	E - Mail:	philipp.kleinert@sowi.uni-goettingen.de

Herby request to extend the initially agreed Erasmus study period

Name of receiving institution:		ID Code:
Exchange coordinator:	Name:	
	E – Mail:	
Original duration of study period:	From:	To:
Extended duration of study period:	From:	To:

Date: _____ Students signature: _____

APPROVAL OF THE REQUEST BY THE RECEIVING INSTITUTION

(Please return a copy of this form via e – mail to philipp.kleinert@sowi.uni-goettingen.de)

The Exchange Coordinator herewith authorizes the above mentioned student to extend his/her Erasmus study period at our institution.

Signature:

Date:

CONFIRMATION OF THE SENDING INSTITUTION

This is to certify that the above mentioned student is accepted to extend his/her Erasmus study period at your institution.

Signature:

Date: