

To the ERASMUS+ Office  
Of the Faculty/ Macroarea/ Department of

.....

**OBJECT: REQUEST OF EXTENSION<sup>1</sup> OF THE PERIOD OF MOBILITY FOR STUDY  
(OUTGOING STUDENT)**

The undersigned \_\_\_\_\_  
enrolled in the Faculty/ Macroarea/ Departement of \_\_\_\_\_  
of the University of Rome "Tor Vergata" currently in mobility for study as part of the ERAMSUS+ KA1 "Learning  
Mobility for individuals" Programme for the academic year \_\_\_\_/\_\_\_\_ in the University of  
\_\_\_\_\_ (Country: \_\_\_\_\_).

**ASKS**

The possibility to get an extension of the period of mobility until \_\_\_\_\_ \*(maximum allowed till 09/30),  
for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned declares to be aware of the fact that, in case of a lack of sufficient funds, he/she may not be granted the partial or totality of the study mobility scholarship for the aforementioned period of extension.

Date and place \_\_\_\_\_ student's signature \_\_\_\_\_

Email address \_\_\_\_\_

**ATTACHED LETTER OF ACCEPTANCE**

<sup>1</sup> This module must be sent via Fax to the ERASMUS+ Office of the Faculty/Macroarea/Department at least 15 days before the end of the period of mobility initially established, duly completed and signed by the applicant. Such document shall report, in the specific areas the approval of the academic coordinator of the University of Rome "Tor Vergata" and the authorization of the coordinator of the host university. The total period of the mobility, including the extension, shall not exceed 12 months and shall end by September 30.

**ACCEPTANCE BY THE ERASMUS+ COORDINATOR  
OF THE RECEIVING INSTITUTION**

The receiving institution authorises the student \_\_\_\_\_

coming from the University of Rome "Tor Vergata" to extend his/her period of study.

Stamp

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date signature

**ACCEPTANCE BY ERASMUS+ COORDINATOR  
OF THE SENDING INSTITUTION**

The sending institution authorises the student \_\_\_\_\_

coming from the University of Rome "Tor Vergata" to extend his/her period of study.

Stamp

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date signature