



Request for extension of ERASMUS study abroad period

im IB einzureichen bis spätestens 1 Monat vor Beendigung des 1. Semesters

Student's Personal Data

First name: _____ Date of Birth: _____

Surname: _____ Email: _____

Receiving Institution: _____

Original length of stay from: _____ to: _____

Extension from: _____ to: _____

I apply for the above stated extension of my study abroad period

Place, Date: _____ Signature: _____

Approval of the Receiving Institution

Name and function of signatory: _____ Signature: _____

Place, Date: _____ Stamp: _____

Approval of the Sending Institution

Departmental ERASMUS co-ordinator

Name and function of signatory: _____ Signature: _____

Place, Date: _____ Stamp: _____

Procedure:

1. The student fills in the form, signs and obtains the signature of the responsible person at the host institution
 2. The application has to be faxed to the student's departmental co-ordinator at the FSU Jena
 3. The departmental co-ordinator of the FSU Jena approves the application and sends the form to the International Office
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