

## Application for Extension of Erasmus+ Study Period

### I. The Student

Last name (s)		First name (s)	
Contact E-mail		Academic year	20.. / 20..
Faculty			
Faculty coordinator	Name: E-mail:		

### II. Erasmus study period

Name of sending institution:	University of South Bohemia in České Budějovice (CZ CESKE01)		
Name of receiving institution/organisation:			
Original duration of Erasmus study period*:	from: dd/mm/yyyy	till: dd/mm/yyyy	
Extended duration of Erasmus study period (till):	XXXXXXXXXX	till: dd/mm/yyyy	

\* whole study period stated in the financial agreement (eventual language course and zero-grant included)

### III. MOTIVATION / why student wants to prolog her/his Erasmus+ study period:

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#### IV. CONFIRMATION OF HOST INSTITUTION/ORGANISATION

This is to certify that the above mentioned student is accepted to extend his/her Erasmus+ TRAINEESHIP period at our institution/organisation.

Date: .....

Signature/stamp: .....

(Traineeship responsible person)

#### V. CONFIRMATION OF SENDING INSTITUTION (University of South Bohemia)

By signing this document I confirm that I agree with prolongation of student's Erasmus+ study period at host institution.

Date: .....

Signature/stamp: .....

(Erasmus faculty coordinator)