



Application for Extension of Erasmus+ Traineeship Period

-	_	-1					- 1			
-		ın	\sim	_	•		~	\sim	n	•
ш	١. ١	ш			L	U.	u	_		

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

II. Erasmus traineeship period

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

^{*} whole traineeship period stated in the financial agreement (eventual language course and zero-grant included)

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





IV. CONFIRMATION OF HOST INSTITUTION/ORGANISATION

This is to certify that the above mentioned speriod at our institution/organisation.	student is accepted to extend his/her Erasmus+ TRAINEESHIP
Date:	Signature/stamp:
	(Traineeship responsible person)
	TITUTION (University of South Bohemia) pree with prolongation of student's Erasmus+ traineeship period
Date:	Signature/stamp:
	(Erasmus faculty coordinator)