**EXTENSION MOBILITY FORM**

Please fill in using block letters and print

ACADEMIC YEAR 20     /20

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| Name of Student:     Bicocca Student e-mail:      @campus.unimib.itDepartment:       Field of study:       |

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| Sending institution:      Country:       Erasmus Contact e-mail:      |

I ask the UNIVERSITà DEGLI STUDI DI MILANO-BICOCCA and the RECEIVING INSTITUTION to extend my mobility period for       month/       days (indicate only the number of the additional month or days requested) for the following reasons:

[ ]  I added new components to my Learning Agreement;

[ ]  My Erasmus period ends before sittings exam;

Date…………………………………… Student’s signature…………………………………………………………

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| **RESERVED FOR UNIVERSITY OF MILANO BICOCCA RECEIVING INSTITUTION**We confirm that the present form is approved. |
| Departmental coordinator’s signature......................................................................................Date:................................................... | Stamp |

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| **RESERVED FOR SENDING INSTITUTION**We confirm that the present form is approved. |
| Departmental coordinator’s signature......................................................................................Date:................................................... | Stamp |

*Please send the signed document to* *incoming.erasmus@unimib.it*