



## REQUEST FOR EXTENSION MOBILITY PERIOD for the Academic Year 20 /20

STUDENT'S NAME	
CURRENT ADDRESS (in Parma)	
HOME UNIVERSITY (E+ CODE)	
HOST UNIVERSITY	UNIVERSITÀ DEGLI STUDI DI PARMA (I PARMA01)
DEPARTMENT	

Original period:			Requested additional period:		
From (dd/mm/yy)	To (dd/mm/yy)	Months	From (dd/mm/yy)	To (dd/mm/yy)	Months

Student's signature .....

Date / /

The provisional acceptance of the student's request for extension issued by the University of Parma by signing this document is to be considered as a mere declaration of availability to further host the mobility student's period of study. Nonetheless, his/her extension acceptance is strictly subduced to the formal approval by the student's Home Institution.

<b>UNIVERSITÀ DEGLI STUDI DI PARMA - I PARMA01</b> The University of Parma (I PARMA01) declares its availability to accept the student's request for extension.	
The Coordinator at I PARMA01  _____	I PARMA01 date & stamp
<b>HOME INSTITUTION</b> We confirm that the proposed extension is approved:	
The Coordinator at Home Institution  _____	HOME INSTITUTION date & stamp