



**INTERNATIONAL RELATIONS OFFICE
Incoming Mobility Office**

**EXCHANGE STUDY PERIOD - APPLICATION FOR EXTENSION
*International Exchange students***

Name and surname of the students	
Home University (sending institution)	
Department at UNISI	
Exchange coordinator at the home university	
Exchange coordinator at UNISI	

Original period of stay		Additional period of stay	
From	Until	From	Until

HOME INSTITUTION

We confirm that the proposed extension is approved

Name of the Exchange coordinator _____

Faculty/Department _____

Date of signature _____ Signature and stamp

HOST INSTITUTION – UNIVERSITY OF SIENA (I SIENA01)

We confirm that the proposed extension is approved

Name of the Exchange coordinator _____

Faculty/Department _____

Date of signature _____ Signature and stamp