



ERASMUS FOR TRAINEESHIP - PERIOD OF EXTENSION

a.a. _____/_____

STUDENT'S DETAILS

Matricula n. _____

Family name _____ First name(s) _____

Brief statement of the main reasons for the extension:

Student's signature _____ Date _____

RECEIVING ORGANISATION

Receiving organisation	Country	Months according to the agreement	Months of extension	Total months	Total period from - to

We confirm that the above mentioned student is accepted at our organisation for the extension period.

Tutor's name

Signature

Date

UNIVERSITY OF SIENA

Approval of the period extension: Yes No

The EU grant will cover the extended period: Yes No

The Erasmus Officer

Signature

Date
