** ERASMUS+ PROGRAMME**



 **Request for Extension of Erasmus Study Period**

**Academic Year:** 2024-2025

I, the undersigned student, …………………., request to study one more semester at ………………………….. University.

|  |  |  |
| --- | --- | --- |
| **Name of Sending Institution** | Çanakkale Onsekiz Mart University | **ID Code:** TRCANAKKA01 |
| **Departmental Coordinator**  | **Name:** |  |
|  | **E-mail:** |  |

Hereby request to extend the initially agreed Erasmus study period

|  |  |  |
| --- | --- | --- |
| **Name of Receiving Institution** |  | **ID Code:** |
| **Exchange Coordinator** | **Name:**  |  |
|  | **E-mail:** |  |
| **Original duration of study period** | **From:** | **To:** |
| **Extended duration of study period** | **From:** | **To:** |

Date: Student’s signature:

**APPROVAL OF THE REQUEST BY THE RECEIVING INSTITUTION**

(Please return a copy of this form via e – mail to erasmusogrenim@comu.edu.tr)

The Exchange coordinator herewith authorizes the above mentioned student to extend her ERASMUS study period at our institution.

Signature: Stamp:

Date:

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**CONFIRMATION OF THE SENDING INSTITUTION**

 This is to certify that the above mentioned student is accepted to extend his/her Erasmus study period at your institution.

**Öğrencinin karşı kurumda ikinci dönem alacağı dersleri inceledim. Bu derslerin uygun olduğunu beyan ederim.**

Departmental Coordinator: Institutional Coordinator:

Signature : Signature :

Date: Date: