



Università degli Studi di Bari

REQUEST TO EXTEND THE PERIOD OF STUDY

(RICHIESTA DI PROLUNGAMENTO DEL PERIODO DI MOBILITA')

*To the Rector
University of Bari*

I the undersigned....., born in (Nation.....)
on....., student number:..... from the University of..... currently
enrolled at the University of Bari, in the framework of Lifelong Learning/Erasmus
Programme, academic year 200..../200....., from to.....

REQUESTS

to extend his/her period of study of month(s), for a total duration of months, the term
therefore ending on , for the following reasons:

Bari, _____

_____ student's signature

SENDING INSTITUTION

The sending institution authorises the above mentioned student to extend his/her period of study

DEPARTMENTAL COORDINATOR

Signature:.....

Stamp

INSTITUTIONAL COORDINATOR

Signature:.....

Stamp

RECEIVING INSTITUTION

The receiving institution authorises the above mentioned student to extend his/her period of study

DEPARTMENTAL COORDINATOR

Signature: Prof.....

Stamp

INSTITUTIONAL COORDINATOR

Signature: Dott. Francesco TRITTO

Stamp

THE PRESENT FORM MUST BE FILLED IN CORRECTLY AND SIGNED BY THE STUDENT AND BY THE ACADEMIC AND INSTITUTIONAL COORDINATORS OF BOTH UNIVERSITIES. IT MUST THEN BE SENT VIA FAX TO: AREA SERVIZI INNOVATIVI PER LA DIDATTICA E GLI STUDENTI SETTORE III: MOBILITA' INTERNAZIONALE ED ACCOGLIENZA STUDENTI STRANIERI (INTERNATIONAL MOBILITY AND ERASMUS INCOMING STUDENTS RECEPTION) FOR AUTHORIZATION OF THE REQUEST FOR EXTENSION OF MOBILITY, **AT LEAST 15 DAYS BEFORE THE STUDY PERIOD ENDS.**

THE TOTAL STUDY PERIOD **MUST NOT EXTEND 12 MONTHS AND MUST END ON 30 SEPTEMBER 2007.**