

EXTENSION OF STAY AT THE UNIVERSITY OF WARSAW

Academic Year 2019/2020

Student's Name	
Home University	
Host University	University of Warsaw (PL WARSZAW01)
Receiving Faculty at the University of Warsaw	

Original study period:		Requested additional period:	
From: 01/10/2019	To: 07/02/2020	From: 16/02/2020	To: 03/07/2020

Student's signature:
Date:

<p>HOME INSTITUTION: We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at the University of Warsaw.</p> <p>Signature and Seal of the Departmental and/or Institutional Erasmus Coordinator:</p> <p>Date:</p>

<p>UNIVERSITY OF WARSAW: I hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at the University of Warsaw.</p> <p>Signature and Seal of the Departmental Mobility Coordinator:</p> <p>Date:</p>
