

**EXTENSION OF STAY AT THE UNIVERSITY OF WARSAW**

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

Academic Year 2021/2022

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| Original study period: | | Requested additional period: | |
| From:  01/10/2021 | To:  11/02/2022 | From:  21/02/2022 | To:  08/07/2022 |

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| Student’s signature:  Date: |

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

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