



UNIVERSITÀ DEL PIEMONTE ORIENTALE

**MODULO DI PROLUNGAMENTO DEL PERIODO ERASMUS+**

**APPLICATION FOR EXTENSION OF THE MOBILITY PERIOD**

Please fill in the form and send it to [erasmus@uniupo.it](mailto:erasmus@uniupo.it).

The undersigned (student's name and surname)

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Erasmus student from Università del Piemonte Orientale at (name of host institution)

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Erasmus Code \_\_\_\_\_

hereby ask for an extension of my Erasmus+ mobility period for further \_\_\_\_\_ months  
(indicate only the additional monthly stay) for the following  
reason(s): \_\_\_\_\_

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**The undersigned is aware that the extension of his/her Erasmus+ mobility period might not be financed.**

Date (dd/mmh/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Student's signature

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Countersigned by Stamp and signature of the Erasmus+ Coordinator or Erasmus Officer at **host University**

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Authorized by signature of the Erasmus+ Coordinator at the **home University**

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