EXTENSION OF STUDY PERIOD FORM

ACADEMIC YEAR 20 / 20

Name & Surname of Student:

Faculty: Faculty of Arts ...................................

Home Institution: University of the Basque Country

Country: Spain

Host Institution:

 Country:

Faculty of:

ORIGINAL PERIOD OF STAY: FROM -TO NUMBER OF MONTHS:

NEW PERIOD OF STAY: FROM \_\_\_\_\_-TO

NUMBER OF MONTHS:\_\_\_\_\_\_\_\_

HOME INSTITUTION

We confirm that this extension of stay is approved. Date:……………………….. Institutional / Departmental Coordinator

Name: .........................................................................

Stamp and Signature: .......................................................

HOST INSTITUTION

We confirm that this extension of stay is approved. Date:……………………….. Institutional / Departmental Coordinator

Name: .........................................................................

Stamp and Signature: .......................................................