

**ERASMUS+
CONFIRMATION OF EXTENTION**

**…... /…… / ……..**

 We hereby confirm that the student ……………..................(Name-Surname),studying at ……………………………(Faculty), has extended his Erasmus period in ………..…………………..(Country/Name of the Institution/Erasmus Code) for the spring semester of the academic year………./…………

Yours Sincerely,

***Name of Signatory :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_***

*Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp of Host Institution*