**IMPRESO DE AMPLIACIÓN ERASMUS+**

***ERASMUS+ PERIOD EXTENSION FORM***

**Datos do estudante/*Student Details*:**

Nome/*First name*: ..........................................................................................................................

Apelidos/*Surname*: .........................................................................................................................

DNI/*ID number*: ...............................................................................................................................

Universidade de orixe/*Home university*: ......................................................................................

Solicita a ampliación da súa estadía Erasmus na universidade de Santiago de Compostela por un período de ………meses, ata o ….../….../20…...

*Applies for an extension of his/her Erasmus stay at the University of Santiago de Compostela for a period of ........months, until ….../….../20…...*

**Autorización da USC/*Approval by the USC*:**

**UNIVERSIDADE DE SANTIAGO DE COMPOSTELA**

Aprobamos a ampliación da estadía do estudante / *We approve the extension of the student’s period of stay.*

Academic Coordinator’s Signature: Institutional Coordinator’s Signature:

Date: Date:

**Autorización da universidade de orixe/*Approval by the home university*:**

**HOST INSTITUTION**

Aprobamos a ampliación da estadía do estudante / *We/I approve the extension of the student’s period of stay*.

Departmental Coordinator’s Signature: Institutional Coordinator’s Signature:

 [If applicable]

Date: Date: