**EXTENSION OF ERASMUS+ STUDY PERIOD**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |   | **First name (s)** |   |
| **Contact E-mail** |   | **Academic year** | 20.. / 20.. |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Czech Technical University in Prague | **Faculty** |   |
| **Erasmus ID** | CZ PRAHA10 | **Country** | Czech Republic |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Faculty** |   |
| **Erasmus ID** |  | **Country** |  |

**II. EXTENSION DETAILS**

The above-mentioned student hereby applies for the extension of his/her study period at the receiving institution until: **DD/MM/YYYY**

*Please note that the proposed study period extension cannot exceed the end of the academic year for which the applicant has been nominated (30 September)* ***and*** *that the sum of all study periods and traineeships in applicant’s current study cycle cannot exceed total of 12 months, whichever comes first.*

**This application does not automatically entitle for an additional scholarship, decision will be made according to the budget reserves.**

I am interested in extension of my study stay abroad even in case I will get a zero-grant (no financial support from the Erasmus+ Programme) for the prolonged period of stay:

[ ]  yes

[ ]  no

**III. MOTIVATION LETTER**

|  |
| --- |
| (please briefly state the academic reasons for your request) |

|  |  |
| --- | --- |
| **The student** |   |
| Name and surname *(in block letters)*: |   |
| Student's signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **Czech Technical University in Prague (The sending institution)** |   |
| Responsible person name – Vice-dean for studies *(in block letters)*:  |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **The receiving institution** |   |
| Reponsible person name *(in block letters)*:  |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |