

APPLICATION OF EXTENSION

STUDENT

Name:			
E-mail:			
Faculty at MENDELU:			
Faculty IRO officer at MENDELU:	Name:		
	E-mail:		

ERASMUS STUDY PERIOD

Name of sending institution:	Mendel University in Brno (CZ BRNO02)		
Name of receiving institution:			
Original duration of study period:	From:	/ /	To: / /
Extended duration of study period (to):			To: / /

CONFIRMATION OF RECEIVING INSTITUTION

This is to certify that the above mentioned student is accepted to extend his/her Erasmus+ study period at our institution.

____ / ____ / _____
Date

Signature and stamp of Erasmus+ departmental/
institutional coordinator

CONFIRMATION OF SENDING INSTITUTION (MENDEL UNIVERSITY)

By signing this document I confirm that I agree with prolongation of student's Erasmus+ study period at host institution.

____ / ____ / _____
Date

Signature and stamp of Erasmus+ faculty coordinator