UNAM
UNIVERSIDAD DEL ATLÁNTICO MEDIO

Co-funded by the European Union

Erasmus+ Outgoing Student
APPLICATION FOR EXTENSION OF THE MOBILITY PERIOD

Please fill in the form and send it to the International Relations Office of Universidad del Atlántico Medio at movilidad@atlanticomedio.es

Academic year	_____	Semester	_____
Student's name	_____	Student's surname	_____
Sending institution	Universidad del Atlántico Medio (E LAS-PAL48)	Country	Spain

HOST INSTITUTION (Name and Erasmus code): _____

REQUEST OF EXTENSION OF THE MOBILITY PERIOD:

Date of beginning of the mobility (as in the Confirmation of Arrival)_____

Expected duration of the Erasmus+ mobility as per Grant Agreement (in months): _____

Days, weeks or months of extension requested _____

Reason of the extension (exams, research activities…)_____

(If applicable) Relevant changes to the OLA are enclosed to this form.

Date (dd/mm/yyyy)_____/_____/_____

Student's signature

International Relations Officer of the host institution's signature	Erasmus+ (departmental) Coordinator of the Home University's signature
_____	_____