

REQUEST FOR EXTENSION OF ERASMUS+ STUDENT MOBILITY (SMS)

Student's Personal Data:

First Name and Family Name: _____

E-Mail Address: _____

Host Institution: _____

Originally planned mobility period: _____

(Start and end date must correspond to the mobility dates as stated in grant agreement!)

Extended mobility period: _____

(Please indicate the start and end date for the entire mobility period)

I apply for the above stated extension of my Erasmus+ Student Mobility

Place, Date

Student's signature

Approval of the Host Institution:

Name and Position of the Signatory

Signature

Place, Date

Stamp

Approval of the Home Institution (Departmental Erasmus+ Coordinator/ZIB):

Name

Signature

Place, Date

Stamp

Procedure:

1. The student fills in the form, signs and obtains the signature of the responsible person at the host institution.
2. The form must be sent by email to ZIB Med (zibmed@uk-koeln.de)
3. The ZIB Med approves of the request for extension and sends the form by email to Annika Schwarz (a.schwarz@verw.uni-koeln.de) at the International Office.

Students must submit the Requests for extension to the home institution at least 30 days before the originally planned end date of the student's mobility period. Late submissions will not be considered.