Appendix no. 1 to the Regulations on the Organisation of Student International Exchange at BUT under the Erasmus+ Programme

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

place, date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name and surname

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 student register/ID number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 faculty, study programme

Application for the Extension of Mobility under the Erasmus+ Programme

I hereby request an extension of my mobility for the summer semester as part of my exchange

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

city, country, name of the partner university

Planned end date of mobility: *DD/MM/YYYY*

I declare that I have obtained the consent of the partner university to carry out the summer semester of the academic year 20\_\_/20\_\_ under the Erasmus+ programme.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

participant’s signature

I approve/do not approve\* the extension of the mobility period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date, signature and stamp of the coordinator

\* delete as appropriate