****

 **ERASMUS+ PROGRAM**

 **Request for Extension of Erasmus+ Traineeship Mobility Period**

 **20…/20... Academic Year**

I, the undersigned student ……………………………….., request to extend my traineeship at …………………………………...

|  |  |  |
| --- | --- | --- |
| **Initial Traineeship Period** | **From:** | **To:** |
| **Extended Traineeship Period**  | **From:** | **To:** |
| **Student** | **Date:** | **Signature:** |

|  |  |  |
| --- | --- | --- |
| **Name of the Sending Institution** | Social Sciences University of Ankara | **ID Code:** TR ANKARA23 |
| **Departmental Coordinator**  | **Name:** |
| **E-mail:** |

|  |  |  |
| --- | --- | --- |
| **Name of the Receiving Organisation** |  | **ID Code:** |
| **Responsible Person** | **Name:**  |
| **E-mail:** |

**APPROVAL BY THE RECEIVING ORGANISATION**

We hereby confirm that the above-mentioned student is authorized to extend their Erasmus+ traineeship period at our organisation.

**Signature: Stamp:**

**Date:**

|  |
| --- |
|  |

**CONFIRMATION OF THE SENDING INSTITUTION**

We hereby confirm that the above-mentioned student is permitted to extend their Erasmus+ traineeship period at your institution. (*Öğrencinin karşı kurumda staj hareketliliğini uzatmasının uygun olduğunu beyan ederim.)*

**Departmental Coordinator: International Office:**

**Signature: Signature:**

**Date: Date:**

*(Please return a completed and fully signed copy of this form via e-mail to:* *erasmus@asbu.edu.tr**)*