**Application for Extension of Erasmus+ Traineeship Period**

**I. The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Contact E-mail** |  | **Academic year** | 20.. / 20.. |
| **Faculty** |  |  |  |
| **Faculty coordinator** | Name:  E-mail: | | |

**II. Erasmus study period**

|  |  |  |
| --- | --- | --- |
| **Name of sending institution:** | University of South Bohemia in České Budějovice (CZ CESKE01) | |
| **Name of receiving institution/organisation:** |  | |
| **Original duration of Erasmus study period\*:** | **from: dd/mm/rrrr** | **till: dd/mm/rrrr** |
| **Extended duration of Erasmus study period (till):** | **XXXXXXXXXXX** | **till: dd/mm/rrrr** |

\* whole study period stated in the financial agreement (eventual language course and zero-grant included)

**III. MOTIVATION / why student wants to prolog her/his Erasmus+ Traineeship period:**

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**IV. CONFIRMATION OF HOST INSTITUTION/ORGANISATION**

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

Date: …………………………… Signature/stamp: ………………………………..

(Traineeship responsible person)

**V. CONFIRMATION OF SENDING INSTITUTION (University of South Bohemia)**

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

Date: …………………………… Signature/stamp: ………………………………..

(Erasmus faculty coordinator)