**CERERE DE PRELUNGIRE A PERIOADEI DE MOBILITATE ERASMUS+**

***REQUEST FOR EXTENSION OF THE ERASMUS+ STUDY PERIOD***

**An universitar/*Academic year* \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SUBSEMNATUL/*THE UNDERSIGNED*

Numele si prenumele studentului/*Student’s full name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa de e-mail a studentului/*Student’s e-mail address* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Universitatea de origine/*Home university* UNIVERSITATEA DE MEDICINA SI FARMACIE VICTOR BABES DIN TIMISOARA (RO TIMISOA02)

Facultatea/*Faculty* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordonator institutional/*Institutional coordinator*: Prof. Dr. Mihai GAFENCU

Universitatea gazda/*Host university* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Durata initiala a mobilitatii conform contractului financiar/

*Initial period of the mobility as indicated in the financial agreement*

De la /*From* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ la/*to* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numar total de luni/*Total no. months* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOLICIT O PRELUNGIRE A PERIOADEI DE MOBILITATE**

***REQUEST AN EXTENSION OF THE STUDY PERIOD***

Numarul de luni de prelungire solicitat

*Number of months requested for the extension period* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numarul initial de luni de mobilitate + numarul de luni de prelungire = numarul total de luni de mobilitate

*Original period + extension period = total no. months of the mobility period*: \_\_\_\_\_\_ + \_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_

Motivele pentru care se solicita prelungirea/*The reasons for requesting the extension (please state the reasons both in Romanian and in English)*

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

Am luat la cunostinta ca o contributie financiara destinata acoperirii perioadei de prelungire imi va fi acordata doar in masura in care exista fonduri in acest scop, dar statutul de student Erasmus va fi garantat pe intreaga perioada de mobilitate/

*I hereby confirm that I am aware that a financial contribution for the extension will only be given if there are available funds, but that the Erasmus status will be guaranteed for the whole period.*

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

*Loc/Place si Data/Date**Semnatura studentului/Student’s signature*

**ACCEPTANCE BY THE HOME INSTITUTION ACCEPTANCE BY THE HOST INSTITUTION**

The Institutional Coordinator’s signatureThe Institutional Coordinator’s signature

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: Stamp: