UMFVBT – REG/PRI/01/2023 – 17 - ANEXA 17

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

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

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

SUBSEMNATUL/*THE UNDERSIGNED*

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

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

Universitatea de origine/*Home university* UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE VICTOR BABEȘ DIN TIMIȘOARA (RO TIMISOA02)

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

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

Universitatea gazdă/*Host university* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Durata inițială a mobilității conform contractului financiar/

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

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

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

**SOLICIT O PRELUNGIRE A PERIOADEI DE MOBILITATE**

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

Numărul de luni de prelungire solicitat

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

Numărul inițial de luni de mobilitate + numărul de luni de prelungire = numărul total de luni de mobilitate

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

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

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

Am luat la cunoștintă că o contribuție financiară destinată acoperirii perioadei de prelungire îmi va fi acordată doar în măsura în care există fonduri în acest scop, dar statutul de student Erasmus va fi garantat pe întreaga perioadă 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 și Dată/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: