

**REQUEST FOR EXTENSION OF STAY
DURING ERASMUS+ MOBILITY**

Family name (surname)	Given name (s)
Date of Birth (year/month/day)	_Male _Female
Email	Phone
Home University Hochschule Stralsund Erasmus Code: D STRALSU01	Point of Contact Dezernat II - International Office Outgoing Coordinator Mrs Ines Plantikow Email: outgoing@hochschule-stralsund.de
Partner University Erasmus Code:	Point of Contact Email:

I request an extension to stay as an exchange student at the partner university mentioned above:

- for the spring semester 20....
- for the autumn semester 20....

Date and student's signature

We confirm that the student can stay at the partner university as an exchange student for the above mentioned semester.

Home University
Date, Signature and Official Stamp

Partner University
Date, Signature and Official Stamp