

**ERASMUS + - 20\_\_/20\_\_**

**ERASMUS PERIOD EXTENSION FORM**

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| **STUDENT NAME** |  |
| **HOME UNIVERSITY** | Faculdade de Medicina Veterinária – PLISBOA109 |
| **HOST UNIVERSITY** |  |

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| **Original study period** | **Requested additional period** |
| From: \_\_\_\_\_\_\_ to: | From: \_\_\_\_\_\_ to: |

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Home Institution:**  We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at (home Institution)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Seal of the Department Erasmus Coordinator:  Date: |

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| **Host Institution:**  We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at (host Institution)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Seal of the Department Erasmus Coordinator:  Date: |

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