



Application for Extension of Erasmus+ Study Period

I. The Student

Last name (s)		First name (s)	
Contact E-mail		Academic year	20 / 20
Faculty	Faculty of Health and Social Sciences		
Faculty coordinator	Name: Jana Redinova E-mail: zahr@zsf.jcu.cz		

II. Erasmus study period

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



IV. CONFIRMATION OF HOST INSTITUTION

This is to certify that the above mentioned s institution.	tudent is accepted to extend his/her Erasmus+ study period at our
Date:	Signature/stamp:
	(Erasmus departmental/institutional coordinator)
V. CONFIRMATION OF SENDING	INSTITUTION (University of South Bohemia)
By signing this document I confirm that I aginstitution.	gree with prolongation of student's Erasmus+ study period at host
Date:	Signature/stamp:
	(Erasmus departmental/institutional coordinator)