

EXTENTION OF ERASMUS+ TRAINEESHIP MOBILITY

Trainee's name, surname	
Home University	Università degli Studi di Bari Aldo Moro
Receiving Institution/Enterprise	
Requested additional period From/till (dd/mm/yyyy)	

Student's signature _____ date: _____

RECEIVING INSTITUTION / ENTERPRISE:

We hereby confirm that the above mentioned trainee is permitted to extend his/her Erasmus+ traineeship mobility at our Institution

Responsible's name:

Signature:

Date:

Stamp:

SENDING UNIVERSITY: UNIVERSITA' DEGLI STUDI DI BARI ALDO MORO

We hereby confirm that the above mentioned trainee is permitted to extend his/her Erasmus+ Traineeship mobility at the receiving Institution

Responsible's name:

Signature:

Date:

Stamp

March 1, 2021