



UNIVERSITÀ
degli STUDI
di CATANIA

DIDACTIC DIVISION
International Mobility Office

REQUEST FOR EXTENSION OF THE MOBILITY

Last and first name:

Sending institution: Country

Receiving institution: Country

Original duration of study/research period: from to

Extended duration of study/research period: from to
(max until 15th december)

SIGNATURE and STAMP

Student _____

Head of the study course at UNICT _____

Responsible person at the Receiving Institution _____

Date: _____