

Student Mobility for Traineeship

**Mobility Extension Form**

**Outgoing Student**

|  |  |
| --- | --- |
| Family Name: |  |
| First Name: |  |
| Sex: |  |
| Place and Date of Birth: |  |

**Sending Institution**

|  |  |
| --- | --- |
| Country: |  |
| Institution Name/Erasmus Code: |  |
| Faculty & Department: |  |

**Receiving Institution**

|  |  |
| --- | --- |
| Country: |  |
| Institution Name/Erasmus Code: |  |
| Faculty OR Department: |  |

*Changes of Bank Account (If Applicable)*

*IBAN NO (New Account)*

*TR \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_*

|  |  |
| --- | --- |
| **Student’s Statement** | |
| I hereby declare that I would like to extend my traineeship period for ………….. days (duration) until …/…/20…. I am totally aware that I might not be financially backed up upon my failure to do the required task.  **Signature: Date:** | |
| **Sending Institution** | |
| We approve the extension of the mobility period as to the declaration of the student. | |
| **Bartın University**  **Departmental Coordinator’s** | **Bartın University**  **Institutional Coordinator’s** |
| *Signature:*  *Date:* | *Signature:*  *Date:* |