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| **Outgoing Student** |
| **Family Name** |  |
| **First Name** |  |
| **Sex** |  |
| **Place and Date of Birth** |  |

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| **Sending Institution** |
| **Country** |  |
| **Institution Name & Erasmus** **Code** |  |
| **Faculty & Department** |  |

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| **Receiving Institution** |
| **Country** |  |
| **Institution Name & Erasmus** **Code** |  |
| **Faculty or Department** |  |

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| ***Changes of Bank Account (If Applicable)******IBAN NO (New Account)*** |
| **T** | **R** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **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** | … / … / 20.. |

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| **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** |
| **Date** | … / … / 20.. | **Date** | … / … / 20.. |
| **Signature** |  | **Signature** |  |