|  |  |
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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.. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |