**EXTENSION OF ERASMUS+ STUDY PERIOD**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |   | **First name (s)** |   |
| **Contact E-mail** |   | **Academic year** | 20.. / 20.. |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Brno University of Technology | **Faculty** |   |
| **Erasmus ID** | CZ BRNO01 | **Country** | Czech Republic |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Faculty** |   |
| **Erasmus ID** |  | **Country** |  |

**II. EXTENSION DETAILS**

The above-mentioned student hereby applies for the extension of his/her study period at the receiving institution until: **DD/MM/YYYY**

Please note that the proposed study period extension cannot exceed the end of the academic year for which the applicant was nominated (30 September) **and** that the sum of all study periods and traineeships in applicant’s current study cycle cannot exceed total of 12 months, whichever comes first.

**This application needs to be delivered to the Department of Internationalization of Brno University of Technology 30 days prior to the end date of the original study period at the latest.**

**This application does not automatically entitle for an additional scholarship, decision will be made according to the budget reserves.**

**III. MOTIVATION LETTER**

|  |
| --- |
| (please state the academic reasons for your application) |

**IV. LEARNING AGREEMENT FOR EXTENDED STUDY PERIOD**

**Table A: Study programme at the receiving institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Correspon-ding number** | **Course code** **(if any)** | **Course title**  | **Semester (autumn/****spring)**  | **Number of ECTS credits** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Total: …………………..**  |

**Web link to the course catalogue at the receiving institution:**

|  |
| --- |
| *[Web link(s) to be provided.]* |

**Table B: The courses to be recognized at the sending institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Correspon-ding number** | **Course code** **(if any)** | **Course title**  | **Semester (autumn/****spring)**  | **Number of ECTS credits** |
|   |   |  |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Total: …..……………..**  |

**Provisions that will apply if some educational components would not be successfully completed:**

|  |
| --- |
| *[Please, specify or provide a weblink to the relevant information.]* |

**IV. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement for extended Erasmus+ study period.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue. The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.

The student and the receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme and study period.

|  |  |
| --- | --- |
| **The student** |   |
| Name and surname *(in block letters)*: |   |
| Student's signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **Brno University of Technology (The sending institution)** |   |
| Departmental coordinator's name/ Reponsible person name[[1]](#footnote-1) *(in block letters)*:  |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **The receiving institution** |   |
| Departmental coordinator's name/ Reponsible person name[[2]](#footnote-2) *(in block letters)*:  |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |

1. Departmental coordinator or responsible person at the sending institution is an academic staff who has the authority to approve the mobility programme of outgoing students and guarantee full recognition of such programmes on behalf of the responsible academic body. [↑](#footnote-ref-1)
2. Departmental coordinator or responsible person at the receiving institution is an academic staff who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution. [↑](#footnote-ref-2)