**PLEASE!**

1. Complete all application forms with computer & sign where needed!

**2. Delete the red comments**

3. Send as Word document to [outgoing@unileoben.ac.at](mailto:outgoing@unileoben.ac.at)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Student’s name:**  **Moblity prgram:** | Eramus Student Mobility for Placement | | **Home Institution:**  **Erasmus+ Code:** | Montanuniversitaet Leoben  A Leoben 01 | | **Host Institution (company):** |  | | **Students address in the host country:** |  | | **Changes of Bank details (if applicable):** | Name of bank:  IBAN:  BIC: | |  |  | |

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| --- |
| **STUDENT’S APPLICATION** |
| I hereby apply for **an extension** of my mobility stay for traineeship by **months**  from      (DD/MM/YYYY) until       (DD/MMM/YYYY)  **Reason for extension:**  (NOTE the given extension regulations in the PDF ‘Richtlinien für Verlängerungsantrag’!)                   |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | |
| **DECLARATION OF SUPPORT BY AUTHORITIES** |
| I support this application for extension of a mobility stay abroad for the reasons given by the student.   |  |  |  | | --- | --- | --- | | Function | Name & date | Signature & stamp | | **Responsible contact person at HOST institution (company)** | Date: |  | | **Responsible authority at HOME Institution (MUL)** | Date: | Month(s) stated above  approved /  not approved | |
|  |
| \*Document **[2] Traineeship Agreement** has to be sent with the [1] Application for Extension of a Mobility for Traineeship. |