**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

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| **Student’s name:****Moblity prgram:** |      Eramus Student Mobility for Placement |
| **Home Institution:****Erasmus+ Code:** | Montanuniversitaet LeobenA 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’!)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |

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| **DECLARATION OF SUPPORT BY AUTHORITIES** |
| I support this application for extension of a mobility stay abroad for the reasons given by the student.

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| --- | --- | --- |
| 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 |

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| \*Document **[2] Traineeship Agreement** has to be sent with the [1] Application for Extension of a Mobility for Traineeship. |