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Prolongation Application Form

I, the undersigned..........................................................................................................................

a student enrolled at J. Selye University, Faculty ........................................., participating in a study mobility within the Erasmus+ programme in the winter semester of the academic year ........../........ at ........................................., would like to apply for an extension of the duration of my mobility for the summer semester of the academic year.

In line with the extension of the mobility period, I would also like to request a modification of the mobility grant. I would like to apply for a grant for the whole duration of my mobility.

Date ................................. Student´s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approved (Receiving Institution) Approved (Sending Institution)*

**(institution) J. Selye University**

*Responsible for Erasmus mobility Responsible for Erasmus mobility*

**(name)** **Mgr. Adriana Kinczerová**

*Date: Date:*

*Signature: Signature:*

*Stamp: Stamp:*