



**ARISTOTLE UNIVERSITY OF THESSALONIKI**  
**DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES**

**APPLICATION FOR PROLONGATION OF PLACEMENT**

ACADEMIC YEAR .....

**STUDENT DATA**

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>FATHER'S NAME</b>		<b>FACULTY</b>	

**HOST ORGANISATION/ENTERPRISE DATA**

<b>NAME</b>	
<b>CONTACT INFO</b>	

I hereby request the prolongation of my internship/traineeship period at \_\_\_\_\_

from |\_|\_|-|\_|\_|-|\_|\_| (DD/MM/YY) to |\_|\_|-|\_|\_|-|\_|\_|.

<b>TOTAL MONTHS:</b> _____ <i>to be completed by AUTH ERASMUS OFFICE</i>
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REASONS(*mandatory field*): \_\_\_\_\_

\_\_\_\_\_

(Intern's signature)

(date)

<b>HOST ORGANISATION/ENTERPRISE</b>	I, the undersigned, _____, <span style="margin-left: 150px;">(name)</span> _____, <span style="margin-left: 350px;">(position)</span>
	hereby recommend the prolongation of the internship/traineeship of the aforementioned student.
	EVALUATION OF STUDENT'S PERFORMANCE: _____ _____ _____
	Supervisor's signature _____ Date _____ Stamp (if applicable) _____

<b>HOME INSTITUTION</b>	I, the undersigned, _____, <span style="margin-left: 150px;">(name)</span> _____, <span style="margin-left: 350px;">(position)</span>
	hereby approve the prolongation of the internship/traineeship of the aforementioned student.
	Departmental Coordinator's signature _____ Date _____ Stamp _____

Please send a copy of this document (duly filled, signed and stamped) by e-mail at [erasmus-outgoing@auth.gr](mailto:erasmus-outgoing@auth.gr)  
**Contact info:** tel.+302310995169, fax. +302310995292, e-mail: [erasmus-outgoing@auth.gr](mailto:erasmus-outgoing@auth.gr)