



ARISTOTLE UNIVERSITY OF THESSALONIKI
DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES

APPLICATION FOR PROLONGATION OF STUDIES

ACADEMIC YEAR _____

STUDENT DATA

| | | | |
|----------------------|--|----------------------|--|
| LAST NAME | | FIRST NAME | |
| DATE OF BIRTH | | FATHER'S NAME | |

HOST INSTITUTION DATA

| | | | |
|----------------|--|---------------------|--|
| NAME | | | |
| FACULTY | | ERASMUS CODE | |

I hereby request the prolongation of my exchange studies period at _____
 from |_|_|-|_|_|-|_|_| (DD/MM/YY) to |_|_|-|_|_|-|_|_|.

| |
|---|
| TOTAL MONTHS: _____ <i>to be completed by AUTH ERASMUS OFFICE</i> |
|---|

REASONS(*mandatory field*): _____

(Signature of the student)

(date)

| | |
|-------------------------|--|
| HOST INSTITUTION | I, the undersigned, _____, _____ <small>(name) (position)</small> |
| | hereby recommend the prolongation of the exchange studies of the aforementioned student. |
| | EVALUATION OF STUDENT'S PERFORMANCE: _____ _____ _____ |
| | Signature _____ Date _____ Stamp _____ |

| | |
|-------------------------|--|
| HOME INSTITUTION | I, the undersigned, _____, _____ <small>(name) (position)</small> |
| | hereby approve the prolongation of the exchange studies of the aforementioned student. |
| | Signature _____ Date _____ Stamp _____ |

Please send a copy of this document (duly filled, signed and stamped) by e-mail at erasmus-outgoing@auth.gr
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