

ERASMUS PROGRAM
EXTENSION OF STAY FORM
ACADEMIC YEAR 2026_/ 2027_

Name & Surname of Student:	Registration
Home Institution:	Country :
Host Institution: I FIRENZE 01	Country: ITALY
<u>School of Human Health Sciences</u> – Specify your Degree Program:	

ORIGINAL PERIOD OF STAY: FROM _____ - TO _____ NUMBER OF MONTHS: _____
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NEW PERIOD OF STAY: FROM _____ - TO _____ ADDITIONAL NUMBER OF MONTHS REQUESTED: _____
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HOME INSTITUTION	
We confirm that this extension of stay is approved.	Date:
Erasmus Institutional/Departmental Coordinator	
Name (nome):	
Stamp and Signature (firma):	
HOST INSTITUTION	
We confirm that this extension of stay is approved.	Date:
Erasmus Institutional/Departmental Coordinator	
Name (nome):	
Stamp and Signature (firma):	

Please note that this form must be first approved by the home institution