**National and Kapodistrian University of Athens**

EUROPEAN AND INTERNATIONAL RELATIONS DEPARTMENT

**APPLICATION FOR PROLONGATION OF PERIOD OF STUDY**

**ACADEMIC YEAR 2023-2024**

**STUDENT DATA**

|  |  |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| SENDING INSTITUTION |  |
| ERASMUS CODE |  |

**STUDENT’S APPLICATION**

I hereby apply for the prolongation of my study period within the Erasmus+ for Studies programme at the Department/School ……………………………… of NKUA, for the **Spring Semester 2023-2024,** from ………………. (dd/mm/yy) to …………. (dd/mm/yy)

[*please indicate the exact dates of the spring semester*].

***Reasons:*** *(mandatory field):……………………………………………………………………………….…………….*

*…………………………………………………………………………………………………………………………..……………*

……………………………………………………………………………………………………………………………………

**APPROVAL OF APPLICATION BY THE**

**NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**

I hereby approve the prolongation of studies of the above-mentioned student for the **spring semester 2023-2024.**

Name of the signatory ………………………………………………………………………………………………..

Position……………………………………………………………………………………………………………………..

Signature and Stamp ………………………………………………………. Date: ………….……………..

**APPROVAL OF APPLICATION BY THE**

**SENDING INSTITUTION**

I hereby approve the prolongation of studies of the above-mentioned student for the **spring semester 2023-2024.**

Name of the signatory …………………………………………………………..…………………………………..

Position……………………………………………………………………..……………………………………………..

Signature and Stamp …………………………………………..…………. Date: ………………………..