

APPLICATION FOR EXTENTION OF YOUR STAY AT THE UNIVERSITY OF POTSDAM

I herewith request the extention of my stay at the University of Potsdam by one additional semester.

Surname(s) _____

First Name(s) _____

Student ID Number _____

Please state your reasons for requesting an extention:

** You may attach an additional page if this space is not sufficient.*

Date

Signature

Please submit this request together with the following documents:

- a completed Learning Agreement of the upcoming semester
 - a written statment of approval from your home university
- by postal mail or submit in person to the University of Potsdam`s International Office:

Address: Universität Potsdam
International Office
Am Neuen Palais 10
14469 Potsdam / Germany

Office: International Office
Campus Am Neuen Palais
House 8, room 0.35 / Main Office: room 0.42
Fax: +49 (0) 331 977-1798

Submission Deadline: winter semester - December 31 / summer semester - June 30

Kordinator:		LA:	LA unterschrieben:
Zustimmung Heimat-Uni:	Zustimmung UP:	Stipendienverlängerung:	Zahlschein:
SOS:	Move-On	Brief:	