



ERASMUS+ EXTENSION FORM

- to be filled out by student's home institution -

Herewith, I agree that the following student

family name(s)

given name(s)

extends her/his Erasmus+ period at the University of Potsdam in Germany for the coming

semester

full academic year

Her/his Erasmus+ scholarship will also be extended for _____ months.

Her/his Erasmus+ scholarship will not be extended.

INTERNATIONAL OFFICE DATA

name of sending institution

name of person in charge of outgoing Erasmus+ students

Date

Signature

Stamp of institution

Please send this form back to the International Office of the University of Potsdam:

Postal address: Universität Potsdam
International Office
Am Neuen Palais 10
14469 Potsdam
Germany
Fax: +49 (0) 331 977-1798
E-mail: ute.minckert@uni-potsdam.de

Winter semester: October 1 – March 31
Summer semester: April 1 – September 30

- Please return extension agreement before December 31 –
- Please return extension agreement before June 30 -