



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 Relations Office of the University of Potsdam:

Postal address: Universität Potsdam
 Akademisches Auslandsamt
 Am Neuen Palais 10
 14469 Potsdam
 Germany
Fax: ++49.331.977-1798
E-mail: incoming-exchange@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 -