 APPLICATION FOR EXTENSION

ERASMUS+ EXCHANGE STUDY PERIOD



STUDENT’S NAME: ................................................................................................................................................

I hereby apply for an extension of my ERASMUS+ exchange studies at **Károli Gáspár University of the Reformed Church in Hungary**

Faculty/ Department: ………………………………………………………………………………………………

Original exchange period: FROM …………………….. TO ……………………. (DD/MM/YYYY)

New exchange period: FROM …………………….. TO …………………… (DD/MM/YYYY)

STUDENT’S SIGNATURE: ……………………………………………. DATE: ………………………………...



Károli Gáspár University of the Reformed Church in Hungary

Responsible person at the Receiving Institution: Virág Zombory

THE INSTITUTION AGREES WITH THE EXTENSION YES  NO 

SIGNATURE AND STAMP………………………………………………. DATE: ……………………………



HOME INSTITUTION’S NAME:…………………………………………………………………………………..

Responsible person at the Sending Institution:……………………………………………………………………..

THE INSTITUTION AGREES WITH THE EXTENSION YES  NO 

SIGNATURE AND STAMP: ……………………………………………. DATE: ……………………………….