



- Student's name: _____
- Field of study: _____
- Year of study: _____ Level: BA MA PhD
- Planned mobility period: _____
- Name of the home institution: _____
- Mobility programme: Erasmus+ CEEPUS Other: _____
- Name of the responsible person at home institution: _____
 e-mail: _____

Hereby it is confirmed that the student _____ wishes to prolong his/her mobility period at the _____ due to the following: _____

_____. The student _____ will end his/her mobility period on _____.

Student's signature	Receiving Institution (Responsible person)	Home Institution (Responsible person/departmental coordinator/s)
Date:	Date:	Date:

Upon signature by the student and the coordinator at the host and home institution the Prolongation Form must be sent at the outgoing.mobility@unizd.hr at least one month before the date of expiration of the previously planned mobility period.