

UNIVERSITY OF ZADAR

PROLONGATION

FORM FOR

STUDENT MOBILITY



- Student's name: _____
- Field of study: _____
- Year of study: _____ Level: BA MA PhD
- Planned mobility period: _____
- Name of the host institution: _____
- Mobility programme: Erasmus+ CEEPUS Other: _____
- Name of the responsible person at host 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 (Departmental coordinator)
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 iro_unizd@unizd.hr at least one month before the date of expiration of the previously planned mobility period.