**EXTENSION OF ERASMUS+ TRAINING/TEACHING MOBILITY**

**The Staff Member**

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| --- | --- |
| Name of the staff member: |  |
| The host (receiving) faculty: |  |
| Name of departmental/faculty coordinator at home (sending) institution: |  |
| Name of departmental/faculty coordinator at host (receiving institution): |  |

**Erasmus+ Training/Teaching Mobility**

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| Name of home (sending) institution: |  | |
| Name of host (receiving) institution: |  | |
| Original Mobility Period: | From: Klikněte nebo klepněte sem a zadejte datum. | To: Klikněte nebo klepněte sem a zadejte datum. |
| Extended Mobility Period: | x | To: Klikněte nebo klepněte sem a zadejte datum. |

Date: Staff member’s signature:

CONFIRMATION OF HOST (receiving) INSTITUTION:

We confirm that the proposed extension is approved.

|  |  |
| --- | --- |
| Date and signature: |  |
|  | Erasmus+ Departmental Coordinator |

CONFIRMATION OF HOME (sending) INSTITUTION:

We confirm that the proposed extension is approved.

|  |  |
| --- | --- |
| Date and signature: |  |
|  | Erasmus+ Departmental Coordinator |