**ACCEPTANCE OF EXTENSION PERIOD**

**OF AN INITIALLY AGREED FREE MOVER STUDY PERIOD**

# ACADEMIC YEAR 2022 - 2023 / FIELD OF STUDY:

## Student`s personal data:

Name:

E-mail:

## Sending institution:

( - )

## Receiving institution:

West University of Timișoara

Faculty of

**DETAILS OF THE PROPOSED EXTENSION OF THE STUDY PERIOD**

Initial Duration of FREE MOVER studies:\_\_\_months / Beginning: semester \_\_\_

Final duration of FREE MOVER studies: months /Ending: semester \_\_\_

The exact period for which the student applies for the FREE mover study extension:

\* A new Learning Agreement will have to be designed, in order to cover the final study period

\* \* Accommodation in the student dormitories only within the existing vacancies.

Student`s signature: Date:

**SENDING INSTITUTION:**

We confirm that the extension of the FREE MOVER study period is approved.

Responsible person’s signature:

Name and Function:

Date:

**RECEIVING INSTITUTION: West University of Timisoara**

We confirm that the extension of the FREE MOVER study period is approved.

Responsible person’s signature on behalf of the institution

Andra Mirona Stan-Dragotesc, PhD

Date:

Director of the International Relations’ Department

Responsible person’s signature on behalf of the Faculty

Date:

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