**EXTENSION OF ERASMUS+ TRAINEESHIP**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |   | **First name (s)** |   |
| **Contact E-mail** |   | **Academic year** | 20.. / 20.. |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Brno University of Technology | **Faculty** | of Chemistry |
| **Erasmus ID** | CZ BRNO01 | **Country** | Czech Republic |

**The Receiving Organization/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Country** |   |
| **Erasmus ID** | if applicable | **Faculty** | if applicable |

**II. EXTENSION DETAILS**

The above-mentioned student hereby applies for the extension of his/her traineeship at the receiving organization/enterprise until: **DD/MM/YYYY**

Please note that the proposed extended traineeship cannot exceed the end of the academic year for which the applicant was nominated (30 September) **and** that the sum of all Erasmus+ study periods and traineeships in applicant’s current study cycle cannot exceed total of 12 months, whichever comes first.

**This application does not automatically entitle for an additional scholarship. The decision will be made according to the budget reserves.**

**III. EXTENSION WORK PLAN**

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| please specify further tasks or duties of the trainee that should take place during the extended period of stay, further expected outcomes etc. |

**IV. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement for extended Erasmus+ study period.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue. The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.

The student and the receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme and study period.

|  |  |
| --- | --- |
| **The student** |   |
| Name and surname *(in block letters)*: |   |
| Student's signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **Brno University of Technology (The sending institution)** |   |
| Departmental coordinator's name/ Responsible person name[[1]](#footnote-1) *(in block letters)*: prof. Ing. Michal Veselý, CSc. |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |

|  |  |
| --- | --- |
| **The receiving institution** |   |
| Departmental coordinator's name/ Responsible person name[[2]](#footnote-2) *(in block letters)*:  |
|   |   |
|   |   |
| Signature: | Date: |
|   |   |

1. Departmental coordinator or responsible person at the sending institution is an academic staff who has the authority  to approve the  mobility programme of outgoing students and guarantee full recognition of such programmes on behalf of the responsible academic body. [↑](#footnote-ref-1)
2. Departmental coordinator or responsible person at the receiving institution is an academic staff who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution. [↑](#footnote-ref-2)