

## Application for Extension / Erasmus+ traineeship mobility

First name

Last name

Date of birth

Name of the host institution

### Application for extension

from

to

I hereby apply for extension of my Erasmus+ traineeship mobility

Reason for the extension:

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Place, date

Signature of the student

### Declaration of support by the host institution's contact person

Name of the contact person

Function of the contact person

I support this application for extension of the Erasmus+ study mobility for the reasons given by the student.

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Place, date

Signature and stamp of the  
host institution's contact  
person

**Declaration of support by the Study Administration of the University of Arts Linz  
(does not apply for traineeships of graduates)**

Name of the study administrator

I support this application for extension of the Erasmus+ traineeship mobility for the reasons given by the student.

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Place, date

Signature and stamp of the study administrator