



TRAKYA ÜNİVERSİTESİ
Trakya University- TR EDİRNE01

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ERASMUS EXTENSION FORM FOR OUTGOING STUDENTS

(Erasmus Giden Öğrenci, Dönem Uzatma Formu)

2017-2018 Academic Year

(2017-2018 Akademik Yılı)

Students Name Surname (Öğrenci Adı Soyadı)	
Sending Faculty in Trakya University (Gönderen Fakülte)	
Erasmus Dept. Coord. in Trakya University Name Surname (Adı Soyadı)	
Receiving Institution (Kabul eden kurum)	
Receiving Institution Erasmus ID Code (Kabul Eden Kurum Erasmus Kodu)	
Requested Extension Period (Uzatma Talep Edilen Dönem) from-till (dd/mm/year)	

Student's Signature :

Date:

TRAKYA UNIVERSITY

I hereby confirm that above mentioned student is permitted to extend his/her studies to spring semester in your university.
(Yukarıda bilgileri bulunan öğrencinin Erasmus öğrenim süresini uzatması uygundur)

Erasmus Departmental/Faculty Coordinator

Signature and Stamp

.....

Date:

RECEIVING INSTITUTION

I hereby confirm that above mentioned student is permitted to extend his/her studies to spring semester in our university.

Erasmus Dept. Coord. / Institutional Coord. or Erasmus Officer

Name Surname :

Function :

Signature and Stamp :

Date: