



Funded by
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University of Veterinary Medicine and Pharmacy in Košice
Komenského 73, 041 81 Košice

**PROLONGATION APPLICATION FORM
ERASMUS+ Programme**

I undersigned

student/graduate of *University of Veterinary Medicine and Pharmacy in Košice*

holder of an Erasmus+ grant for months for the academic year

at the receiving institution

require to prolongate my Erasmus+ studies/traineeship abroad for month(s)

to complete my study programe/traineeship programe settles in my Learning

Agreement for Studies/Learning Agreement for Traineeship.

Date: Student's/Graduate's signature:

Approved (receiving institution)

Responsible persons:

Date:

Signature:

Stamp:

Approved (sending institutions)

Responsible person: Boris Vojtek, DVM, PhD.

Institutional Erasmus Coordinator

Date:

Signature:

Stamp: