**Endorsement of Prolongation**

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| --- |
| **Student’s data:** |
| Last name(s): |  |
| First name(s): |  |
| Date of Birth (dd/mm/yyyy): |  |
| **Original period of mobility:** |
| From (dd/mm/yyyy): |  |
| To (dd/mm/yyyy): |  |
| **New period of mobility:** |
| From (dd/mm/yyyy): |  |
| To (dd/mm/yyyy): |  |
| **Receiving institution’s data:** |
| Name: |  |
| Erasmus code (if applicable): |  |
| Contact person: |  |
| name: |  |
| position: |  |
| e-mail: |  |
| The student’s requirement of prolongation is |
| [ ]  accepted | [ ]  not accepted |
| Date: |  |
| Signature: |  |
| Stamp: |  |
| **Sending institution’s data:** |
| Name: | **Pázmány Péter Catholic University** |
| Erasmus code (if applicable): | **HU BUDAPES12** |
| Contact person: |  |
| name: |  |
| position: |  |
| e-mail: |  |
| The student’s requirement of prolongation is |
| [ ]  accepted | [ ]  not accepted |
| Date: |  |
| Signature: |  |
| Stamp: |  |