

**REQUEST FOR SCHOLARSHIP EXTENSION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| 1. | Originally granted scholarship |  |  |  |
|  | Start date: |  |  |  | End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  | Duration in months: |  |  |  |
|  | Type of mobility: |  | Degree-seeking | Exchange mobility |  |

1. Request for Extension of scholarship

Requested New End date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration in months (whole period of mobility): \_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Type of mobility: | Degree-seeking | Exchange mobility |

1. Have you already consulted your Home University for their support with your Scholarship Extension? (*Target Group 1 only*)

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1. Please detail your reasons and motivation for wanting to extend your scholarship at your Host University. What will be the benefits of extending your scholarship? (Max. 500 words).

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Signature of SCHOLAR

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