

**CONFIRMATION OF THE STUDY EXTENSION**  
**within the ERASMUS+ Student Mobility for Studies**

**Receiving Organization**

Name of the Receiving Institution/University:

Responsible Person/Contact Person at the Receiving Institution

**Student**

Name of the Sending University:

DSW University of Lower Silesia in Wrocław  
ul. Strzegomska 55, 53-611 Wrocław, Poland  
e-mail: erasmus@dsw.edu.pl

Student's name and surname

Student's phone and e-mail address during the mobility period

Sending University

**I hereby confirm that the above-mentioned student was given the acceptance by the Dean of the faculty to extend a study period on the following (spring ) and continues Erasmus+ mobility.**

***Signature Stamp***

***Date***

Receiving University

**I hereby confirm that the above-mentioned student was given the acceptance to extend a study period at the host institution and continues Erasmus+ mobility on the spring semester.**

***Signature Stamp***

***Date***