



**Istanbul Aydin University**  
**Request for extension of the period of study**  
**INCOMING STUDENTS**

**20.../20...**

**Student's name** .....

**Student's address in Istanbul:** .....

**Telephone Nr in Turkey:** .....

**Home university** .....

**Period of study** from .../.../..... till .../.../.....

**Extension period** from .../.../..... till .../.../.....

**Reasons for extension**

.....  
.....  
.....  
.....  
...../...../20.....

Student's Signature

**Departmental coordinator's approval of the HOST university**

approved  unapproved  
...../...../20..... Name Signature

**Institutional coordinator's approval of the HOST university**

approved  unapproved  
...../...../20..... Name Signature

**Departmental coordinator's approval of the HOME university**

approved  unapproved  
...../...../20..... Name Signature

**Institutional coordinator's approval of the HOME university**

approved  unapproved  
...../...../20..... Name Signature

**Student's status due to the extension**

Erasmus Student  Free Mover  
...../...../20..... Name of ERASMUS OFFICER (IAU) Signature