# 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**

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...../...../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..... PINAR ELBASAN .. .....

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

Please return this document by e-mail erasmus@aydin.edu.tr and regular post at: Istanbul Aydin University
Besyol Mah. Inonu Cad. No:40. 34295 Sefaköy / Küçükçekmece Istanbul / TURKEY