

ERASMUS+ OFFICE

SHORTENING FORM FOR ERASMUS+ INTERNSHIP MOBILITY

1. **PERSONAL INFORMATION**

Surname / Name :

Faculty / Department :

Student ID No :

E-mail :

Phone Number :

1. **STUDY ABROAD PERIOD AT HOST COMPANY/INSTITUTION**

Host Company/Institution:

Period of Admission From: To:

New Dates of Mobility From: To: Shortening Applied for Date:

1. **REASON FOR SHORTENING:**

**STUDENT SIGNATURE: DATE:**

**RESPONSIBLE PERSON OF RECEIVING**

**COMPANY/INSTITUTION SIGNATURE: DATE:**

**RESPONSIBLE PERSON OF SENDING INSTITUTION**

**SIGNATURE: DATE**