

## EXTENSION OF STAY AT THE WYŻSZA SZKOŁA BIZNESU NATIONAL LOUIS UNIVERSITY

Academic Year .....

Student's Name	
Home University	
Host University	Wyższa Szkoła Biznesu – National Louis University PL NOWYSA01
Receiving Faculty at the WSB-NLU	

Original study period:		Requested additional period:	
From:	To:	From:	To:

**Student signature:**

Date:

**HOME INSTITUTION:**  
We hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at the Wyższa Szkoła Biznesu – National Louis University.

Signature and Seal of the Departmental and/or Institutional Erasmus Coordinator

Name:

Date:

**WYŻSZA SZKOŁA BIZNESU – NATIONAL LOUIS UNIVERSITY**  
I hereby confirm that the above-mentioned student is permitted to extend his/her Erasmus stay at the Wyższa Szkoła Biznesu – National Louis University.

Signature and Seal of the Departmental Coordinator

Name:

Date:

**Deadline: December 1st** .....