



Extension Agreement Form

- to be filled out by student's home institution -

Herewith, I agree that the following student

Family name(s) _____

Given name(s) _____

extends her/his study period at the University of Potsdam in Germany for the coming semester.

Data of Home Institution

Name of home institution _____

Name of person in charge of outgoing students _____

E-mail of person in charge of outgoing students _____

Date _____ Signature _____ Stamp of institution _____

Extension for winter semester (October 1 - March 31): Please return extension agreement before **June 15**

Extension for summer semester (April 1 - September 30): Please return extension agreement before **December 15**

Postal address: Universität Potsdam, International Office, Am Neuen Palais 10, 14469 Potsdam, Germany

E-mail: incoming-mobility@uni-potsdam.de

[Information on data protection](#)