

Leuphana Universität Lüneburg
International Center
Universitätsallee 1
D-21335 Lüneburg



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Request for the extension of the study abroad period

Surname	
First name	
Leuphana E-mail	
Mobile phone	
I would like to extend my studies abroad until (end of study period incl. exams)	(day / month / year)
Date	Signature

Confirmation of host institution

Host institution	
Faculty or department	
Coordinator	
approved	not approved
Date	Signature

Confirmation of home institution

Home institution	Leuphana Universität Lüneburg
International Center	Sandra Schnell
approved	not approved
Date	Signature

Step 1: Collect signature of host institution

Step 2: Send form and latest certificate of enrolment (Leuphana) to sandra.schnell@leuphana.de