**EXCHANGE EXTENSION ACCEPTANCE**

This is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(the first and the last name of the student)*, the student of the Eugeniusz Geppert Academy of Art and Design in Wrocław, has been accepted to extend her/ his period of studies at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of the receiving institution)* in the academic year 20\_\_/20\_\_ for the summer semester within the framework of the Erasmus+ Programme/ Bilateral Agreement\*. The dates of the summer semester are from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(day, month, year)* to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(day, month, year).*

Name, surname and the position of the responsible person

at the Receiving Institution:

Stamp and signature of the responsible person

at the Receiving Institution:

Date: