**EDENE**

**EXTENSION REQUEST FORM**

**FULL NAME OF THE CANDIDATE**

|  |  |
| --- | --- |
| First name | LAST NAME |

**CONDITIONS**

**Candidates can apply within 3 years from obtaining their Master Degree. In case the time between obtaining the Master's degree and the date of Application exceeds 3 years, extensions of this period** will be granted for **maternity** leave (18 months for each child born before or after the Master’s graduation, or if the applicant can document a longer maternity leave, the eligibility period will be extended by the documented amount of actual leave taken until the call deadline), **paternity** (extension by the documented time of paternity leave taken until the call deadline for each child born before or after the Master’s graduation), **long-term illness or national service** (extension by the documented amount of leave taken until the call deadline for each incident which occurred after the Master’s graduation date). **Please join a valid proof for any reason described above**.

**The extension is requested for the following reason:**

|  |  |  |
| --- | --- | --- |
| **REASON** | *Tick the appropriate case* | **DATE** |
| **Maternity** |  |  |
| **Paternity** |  |  |
| **Long-term illness** |  |  |
| **National service** |  |  |