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**ERASMUS+ TEACHING STAFF MOBILITY**

**TEACHING PROGRAMME academic year …./….**

*Note*: The application should be filled out electronically, printed and signed.

|  |  |
| --- | --- |
| Name of the teacher |  |
| Home institution (and Erasmus ID code) / department |  |
| Title |  |
| Position |  |
| Subject area of teaching |  |
| Level of teaching (bachelor / master / doctorate) |  |
| Name of the contact person at the home institution, title and position |  |

|  |  |
| --- | --- |
| Host institution (and Erasmus ID code) / department |  |
| Name of the contact person at the host institution, title and position |  |
| Duration of stay |  |
| Number of teaching hours |  |

|  |  |  |
| --- | --- | --- |
| Study programme in course of which the classes shall be held | |  |
| Level of study (bachelor / master / doctorate) | |  |
| Title of the teaching programme | |  |
| Content of the teaching programme | |  |
| Number of students at the host institution benefiting from the teaching programme | |  |
| Objectives of mobility | |  |
| Added value of the mobility (both for the host institution and for the teacher) | |  |
| Expected results, i.e. how is the mobility going to affect your future professional work at the home institution? | |  |
| Activities planned during the stay at the host institution | day 1 |  |
| day 2 |  |
| day 3 |  |
| day 4 |  |
| day 5 |  |

Date:

Signature:

**Approved by:**

|  |  |
| --- | --- |
| **Home institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the Institution: | **Host institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Host professor/Dean/Erasmus coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the Institution: |