

ISTANBUL TİCARET ÜNİVERSİTESİ DEĞİŞİM PROGRAMLARI KOORDİNATÖRLÜĞÜ



TEACHING STAFF – TEACHING PROGRAMME ERASMUS PROGRAMME ACADEMIC YEAR 201.../201...

1. Information about the HOME HIGHER EDUCATION INSTITUTION/DEPARTMENT/FACULTY AND TEACHING STAFF MEMBER

Name of the person – staff member:		
Contact details:		
Name of the institution/faculty/department:		
2. Information about the HOST HIGHER EDUCATION INSTITUTION, department/faculty or enterprise, department:		
Name of the institution/faculty/department:		
Name of the contact person:		
Contact Information:		
3. STUDY AREA AND STUDY DEGREE a. Study area: b. Study degree:		
☐ Graduate ☐ Master	☐ Doctorate	
 ☐ Graduate ☐ Master 4. THE NUMBER OF THE STUDENTS AT 5. OVERALL AIM AND ADVANTAGES OF 	TENDING TO THE COURSE:	
4. THE NUMBER OF THE STUDENTS AT	TENDING TO THE COURSE:	
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6. ACTIVITIES TO BE CARRIED OUT (if possible the programme for the period):

1st day:	
(//200-)	(hour)
2nd day:	
(//20-)	(hour)
3rd day:	
(//200-)	
	(hour)
4th day:	
(//200-)	
	(hour)
5th day	
(//200-)	
	(hour)

7. EXPECTED RESULTS (for the participant, the home institution/enterprise, the host institution/enterprise):

To encourage the bilateral agreement to cover the relevant departments. To improve mutual contribution by viewing Cultures of the Institutions.		
PERSON – STAFF MEMBER		
Date and signature:	/201	

HOME INSTITUTION / ENTERPRISE	HOST INSTITUTION / ENTERPRISE
We confirm that this proposed work	We confirm that this proposed work
programme is approved.	programme is approved.
Name and Status of The Official	Name and Status of The Official
Representative	Representative
Date:	Date:
Signature:	Signature:
Stamp:	Stamp:

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