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

4. THE NUMBER OF THE STUDENTS ATTENDING TO THE COURSE: ……

5. OVERALL AIM AND ADVANTAGES OF THE TEACHING:
   • ……………………………………………………………………………
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6. ACTIVITIES TO BE CARRIED OUT (if possible the programme for the period):

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<tr>
<th>1st day:</th>
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<tbody>
<tr>
<td>(-/-/200-)</td>
<td>(...) hour</td>
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<td>2nd day:</td>
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<td>(-/-/20-)</td>
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<td>3rd day:</td>
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<td>5th day</td>
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<td>(-/-/200-)</td>
<td>(...) hour</td>
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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**  
We confirm that this proposed work programme is approved.

**HOST INSTITUTION / ENTERPRISE**  
We confirm that this proposed work programme is approved.

Name and Status of The Official Representative  
Date:  
Signature:  
Stamp:

Name and Status of The Official Representative  
Date:  
Signature:  
Stamp: