**TRAINING 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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| **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):

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