



**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:

<ul style="list-style-type: none">••••••••••



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 programme is approved.	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: