

LLP-ERASMUS PROGRAMME
INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY
ACADEMIC YEAR 20__/20__

Name and Erasmus code of the home institution			
Department/Faculty			
Beneficiary's forename and surname			
Name and Erasmus code of the host Institution/			
Department/Faculty			
Name of the contact person at the host institution			
Subject area			
Level	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctorate <input type="checkbox"/> other <input type="checkbox"/> , <i>please specify</i>
Number of students at the host institution benefiting from the teaching programme			Number of teaching hours
Arrival date			Departure date
Objectives of the mobility			
Added value expected from the mobility / expected results (for the host institution, for the staff member carrying out the assignment, for the home institution)			
Content of the teaching programme			

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Place and date

.....
Signature of the Beneficiary

Approval of the teaching programme

Name and status of the official representative of home institution

Name and status of the official representative of host institution

.....
Signature

.....
Signature

Stamp of the home institution

Stamp of the host institution

.....
Place and date

.....
Place and date