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Erasmus+ Staff Teaching Mobility KA171

TEACHING PROGRAMME

Type of activity (check one):

- ☐ Teaching mobility
☐ Combination of teaching and training mobility

Home Institution:
Country:
City:
Faculty, Department:
Applicant's name and surname:
Academic title, function (if relevant):
Subject area:
Mobility coordinator at the faculty level:
Institutional Coordinator: _____

Commented [U1]: Please, replace this with relevant at UNILUS

Host Institution:
Country:
Erasmus code:
Faculty, Department:
Contact person at the department level:
Contact person at the institution level:
Duration of mobility (only working days):
Period of mobility (dates):
Additional info of relevance (if any):

Name of the Course/Subject/Lecture to be taught:
Study level of teaching (bachelor/master / doctoral):
The number of students gaining benefit from teaching at host institution:
The number of teaching/teaching&training hours:

Overall objectives of the mobility:

Contents of teaching programme:
Plan of activities during mobility (add/remove days as required) Day 1: Day 2: Day 3: Day 4: Day 5:
Expected results and added value of mobility for the host institution:
Expected results and added value of mobility for the home institution:
Expected results and added value of mobility for the staff member:

The signatories of this document confirm that the document is original and authentic, as well as that the above mobility programme has mutually been agreed. The final approval of the mobility programme by the Host Institution is conditional on awarding the applicant with an Erasmus+ grant.

Date: *dd/mm/20xx*

Signature of the applicant:

Signature of the contact person at the Host Institution:

Signature of responsible person and stamp of Host Institution (optional):

