



## ERASMUS APPLICATION FORM

### ERASMUS STAFF MOBILITY – TEACHING ASSIGNMENT

FOR THE ACADEMIC YEAR 20\_\_/20\_\_

#### TEACHING PROGRAMME

(to be filled out by teaching staff who intend to apply for mobility with the intent teaching)

Name of teacher	
Title of teacher	
Home Institution (Erasmus ID code)	
Contact person at home institution (head of department/unit or dean of the faculty)	
Job/workplace title	
Subject area of teaching	

Host institution/department (Erasmus ID code)			
Duration of mobility*; no. of days (days spent on travel do not count)			
Arrival date		Departure date	
Contact person at the host institution, title and function			

Course/Department within which the classes/lectures will be held	
Name of class/lecture	
Study level of teaching (bachelor/master/doctorate)	
Number of students at host institution benefiting from the teaching programme	
Number of teaching hours	
Objective and purpose of class/lecture	

Content of the teaching programme	
Planned activities during mobility	
Added value of the mobility (both for the host institution and for the teacher)	
Expected results (not limited to the number of students concerned)	
Other	

*\*In choosing grant recipients, the correlation between the duration of stay at the foreign institution and the working and teaching load will be taken into account.*

<b>TEACHER</b> Date	Signature .....
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Home institution This is to confirm that the proposed teaching programme is approved.	Host institution This is to confirm that the proposed teaching programme is approved.
Name Date Signature..... Head of the Department	Name Date Signature..... Head of the Department or Contact Person
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