**ERASMUS +**

**Teaching programme – Model for Teaching assignment**

 **(STA) 2016/2017**

This document should be filled and endorsed by both Institutions BEFORE the Teaching mobility takes place

#### Teacher

Name ………………………………………………………………………………………………………………….

Surname ……………………………………..………………………………………..................................................

#### Home Institution

Department and Name of contact person at the home institution……………………………………...........................

School at Home Institution…………………………………………………...………………………….………………….

1. **Host Institution**

Name of the host Institution (and Erasmus ID code) ……………………………………………………………………

Name of contact person at the host Institution ................................................................................................

Department/School/Faculty: ………………………………………………………………………....................................

1. **Teaching programme**

Subject area (ISCED code) ……….……………………………………………………………………………………….

Level (Bachelor Year x, Master Year x, Doctoral Year x) ……………………..…………......................................................

Number of teaching hours

Duration of teaching mobility (number of days)......................................................................................................................

Teaching language ........................................................................................................................................................................

1. **Goals of the mobility**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Added value of the mobility (both for the host Institution and for the teacher)**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

1. **Content of the teaching programme**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Expected results (not limited to the number of students concerned)**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Are you going on Erasmus mobility for the first time**? YES 🞏 NO 🞏

Date: ……………………………………….

Teacher’s signature ……………………………………………………………………........………………….

Erasmus + Coordinator’s signature (Home Institution.)[[1]](#endnote-1)……………………………………………………...

Signature of the contact person at Host Institution..................................................………………………...

1. The Teaching Programme has to be signed and approved both by the Home and the Host Institution by e-mail or letter [↑](#endnote-ref-1)