

**TEACHING ASSIGNMENT
-MINIMUM REQUIREMENT FOR THE TEACHING PROGRAMME-
ACADEMIC YEAR 20.../20...**

Name of teacher:
Sending institution:Country:
ERASMUS-CODE: EUC-No:
Name of the contact person from the home institution:
.....

Receiving institution:Country:
ERASMUS-CODE: EUC-No:
Name of the contact person from the host institution:
.....

Subject area:
Level (Bachelor Year x, Master):
Number of students at the host institution benefiting from the teaching programme:
Number of teaching hours:

Objectives of the mobility:
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.....
.....

Added value of the mobility (both for the host institution and for the teacher):

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.....
.....

Content of the teaching programme:

.....
.....
.....

Expected results (not limited to the number of students concerned):

.....
.....
.....

teachers signature

.....

Date:

SENDING INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

.....

Date:

RECEIVING INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

.....

Date: