



TEACHING ASSIGNMENT
- MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME -
ACADEMIC YEAR 20__/20__

Name of teacher:
Home institution:
Country:
ERASMUS code:
Contact person from the home institution (departmental coordinator):

Host institution:
Country:
ERASMUS code:
Contact person from the host institution (departmental coordinator):

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

Objectives of the mobility:

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

Content of the teaching programme:

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

Teacher's signature

..... Date:

HOME INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

Date:

.....

HOST INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

Date:

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