Erasmus+ Mobility Program – TEACHING MOBILITY

Application Form

2016/2017

*Kindly fill application electronically, handwritten applications will not be accepted. When filling in date, please use format DD/MM/YYYY. Please attach your work plan (see below) to this application form.*

PERSONAL DATA

|  |  |  |
| --- | --- | --- |
| First name:       | Surname:       | Title:      |
| CEU Unit/Department/Office:      |
| Position:       | Level of experience:  |
| Subject area taught at CEU:       | Area code:       |
| Date of birth:   /  /     | Nationality:       | Gender: [ ]  F [ ]  M [ ]  Other |
| Home address:        |
| Email:       |

PROPOSED MOBILITY ABROAD

|  |  |
| --- | --- |
| Receiving Institution:       | Erasmus code:       |
| Unit/Department/Office:      |
| Address:       |
| Size: [ ]  Small 1<50 staff [ ]  Medium 50<250 staff [ ]  Large 250 or more staff |
| Erasmus coordinator’s name:       | Email:       |
| Academic contact person’s name:       | Email:       |
| Dates of proposed mobility: from   /  /     to   /  /     | Duration in days:    |
| Have you already participated in Erasmus Staff Mobility? [ ]  Yes [ ]  No |

DETAILS OF TEACHING MOBILITY

|  |  |
| --- | --- |
| Subject area taught at host institution:       | *Filled by CEU Erasmus Office**Area code*:  |
| Planned topic taught at host institution:       |
| Language of instruction:       | Level taught at host institution:  |
| Number of lectures taught at host institution(min.8 hours (sessions)/week):        |
| Number of students at the host institution benefiting from the teaching program:       |

APPROVALS

|  |  |
| --- | --- |
| Name of the applicant:      Date:  | Signature |
| We confirm that the proposed work plan is approved.Name of CEU Head of Department/Unit:      Date:  | Signature, stamp |
| We confirm that the proposed work plan is approved.Name of responsible at the host institution:     Date:  | Signature, stamp |

Erasmus+ Mobility Program – teaching mobility

teaching program

2016/2017

Overall aims and objectives

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|       |

Activities carried out and program details

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|       |

Expected results and dissemination activities

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|       |

SIGNATURE

|  |  |
| --- | --- |
| Name of the applicant :      Date:   /  /     | Signature |