**EEA/NFM Programme**

**Staff Mobility - Teaching Assignment**

Teaching programme

[minimum requirements**]**

Information about the host institution, department/faculty, programme concerned:

* Name of teacher
* Name of the home institution (and Erasmus ID code)/department
* Name of the host institution (and Erasmus ID code)/department
* Name of the contact person from the home institution
* Name of the contact person from the host institution
* Subject area:
* Level (Bachelor Year x, Master Year x, doctoral Year x)
* Number of students at the host institution benefiting from the teaching programme
* Number of teaching hours:

Duration (days)

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)

**Endorsement**

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| ***HOME INSTITUTION****We confirm that the proposed teaching/training programme is approved.* |
| *Coordinator’s signature**.......................................................................* | *Date:*  |

|  |
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| ***HOST INSTITUTION****We confirm that the proposed teaching/training programme is approved.* |
| *Coordinator’s signature**........................................................................* | *Date:*  |