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|  | UNIVERSITA’ CAMPUS BIO-MEDICO DI ROMA | Funded by the Erasmus Plus Programme of the European Union |

**ERASMUS PLUS PROGRAMME KEY ACTION 1 – STAFF MOBILITY FOR TEACHING ASSIGNMENT. ANNO ACCADEMICO 2016/2017**

**TEACHING PROGRAMME**

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| **Sending Institution** | **UniversitÁ CAMPUS BIO-MEDICO DI ROMA**  **Via Álvaro del Portillo, 21**  **00128 – Roma** |
| **ID Erasmus Code** | **I ROMA14** |
| **International Relations contact person**  **(name, address, telephone and e-mail)** | Dr. Daniela Astolfi  Via Alvaro del Portillo n.21 - 00128 Rome, Italy  tel. +39 06225418124  relazioni.internazionali@unicampus.it |
| **Outgoing Professor** | ***Nome del docente in uscita*** |

***AND***

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| **Receving Institution** | ***Inserire nome università ospitante***  ***inserire nome destinazione*** |
| **ID Erasmus Code** | ***inserire codice Erasmus destinazione*** |
| **International Relations contact person**  **(name, address, telephone and e-mail)** | ***Nome e dati della persona amministrativa di contatto*** |
| **ACADEMIC contact person**  **(name, address, telephone and e-mail)** | ***Inserire nome e dati del docente straniero*** |

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| ***agree on the following teaching programme*** |
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| Objectives of the mobility |
| Added value of the mobility (both for the host institution and for the teacher): |
| Mobility period\* from to  Duration of teaching days : |
| Number of teaching hours (min. 8): |
| Teaching subject area (ISCEDcodes): |
| Course/s of studies concerned: |
| Level of teaching: \*\* |
| Number of students at the host institution benefitting from the teaching programme: |
| Language of teaching: |
| Content of the teaching programme (please define it carefully): |
| **Expected results (not limited to the number of students concerned):** |
| **Is this the first time that you have applied for the Erasmus teaching staff mobility Programme?:** |

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| **Date……………**  **Signature of the Professor**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Authorisation from the Home Institution:**  UNIVERSITÀ CAMPUS BIO-MEDICO DI ROMA  ***The Dean***  Date:  Signature | **Authorisation from the Host Institution :**  ***Nome dell’Università ospitante***  ***Cognome e nome del docente dell’Università ospitante:***    Date:  Signature |

**NOTES:**

\* Mobility period: minimum 2 day (8 hours lesson), maximum 2 months.

\*\* Level of teaching at the Host Institution: 1=*Undergraduate* (Laurea); 2=*Postgraduate* (Laurea Magistrale, Ciclo Unico); 3=*Doctoral* (Scuola di Specializzazione, Dottorato di Ricerca