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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, Italytel. +39 06225418124relazioni.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