

LLP-ERASMUS PROGRAMME
INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY
ACADEMIC YEAR

Name and Erasmus code of the home institution	POMERANIAN UNIVERSITY IN SLUPSK PL SLUPSK01			
Department/Faculty				
Beneficiary's forename and surname				
Name and Erasmus code of the host Institution/				
Department/Faculty				
Name of the contact person at the host institution				
Subject area				
Level	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctorate <input type="checkbox"/>	other <input type="checkbox"/> , <i>please specify</i>
Number of students at the host institution benefiting from the teaching programme			Number of teaching hours	
Arrival date			Departure date	
Content of the teaching programme				

.....
Place and date

Approval of the teaching programme

.....
Signature of the Beneficiary

Name and status of the official representative
of home institution

.....
Signature

Stamp of the home institution

.....
Place and date

Name and status of the official representative
of host institution

.....
Signature

Stamp of the host institution

.....
Place and date