



**HIPOLIT CEGIELSKI STATE COLLEGE OF HIGHER EDUCATION
IN GNIEZNO**

Zał. do zarz.44/2014 z dnia 22.12.2014 r.

**ERASMUS+ PROGRAMME
INDIVIDUAL TEACHING PROGRAMME FOR ACADEMIC STAFF MOBILITY (STA)**

Name and Erasmus code of the home institution				
Department/Faculty				
Name of the contact person at home institution				
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"/> , please specify
Number of students at the host institution benefiting from the teaching programme			Number of teaching hours	
Arrival date			Departure date	
Objectives of the mobility				
Added value expected from the mobility / expected results (for the host institution, for the staff member carrying out the assignment, for the home institution)				
Content of the teaching programme				

.....
Place and date

.....
Signature of the Beneficiary

Approval of the teaching programme

Name and status of the official representative
of home institution

Name and status of the official representative
of host institution

.....
Signature

.....
Signature

Stamp of the home institution

Stamp of the host institution

.....
Place and date

.....
Place and date