



**Erasmus+**

## **ERASMUS+ MOBILITY STA**

### **TEACHING PLAN**

The application should be filled out electronically, printed and signed.

#### **TEACHER**

<b>NAME OF TEACHER</b>	
<b>ACADEMIC DEGREE/TITLE</b>	
<b>TEL</b>	
<b>E-MAIL</b>	
<b>POSITION</b>	
<b>NAME OF COURSE AT THE HOME INSTITUTION</b>	
<b>SUBJECT AREA OF TEACHING</b>	

#### **HOME INSTITUTION**

<b>HOME INSTITUTION</b>	
<b>DEPARTMENT</b>	
<b>ADDRESS</b>	
<b>CONTACT PERSON AT THE HOME INSTITUTION, POSITION</b>	
<b>TEL</b>	
<b>FAX</b>	
<b>E-MAIL</b>	



## HOST INSTITUTION

<b>HOST INSTITUTION</b>	
<b>ADDRESS</b>	
<b>PIC/ERASMUS ID CODE</b>	
<b>DEPARTMENT</b>	
<b>ADDRESS</b> (Place of implementation activity- if is different than head office of host institution)	
<b>CONTACT PERSON AT THE HOME INSTITUTION, TITLE AND POSITION</b>	
<b>TEL</b>	
<b>FAX</b>	
<b>E-MAIL</b>	

## MOBILITY PROGRAMME

<b>NAME OF THE COURSE AT THE HOST INSTITUTION</b>	
<b>SUBJECT AREA</b>	
<b>MAIN LANGUAGE DURING ACTIVITY</b>	
<b>DURATION OF STAY FROM</b> (DD/MM/YY- first day of activity) <b>TILL</b> (DD/MM/YY)	
<b>NUMBER OF DAYS ATTENDED TO THE ACTIVITY</b> (excluding travel)	
<b>NUMBER OF TEACHING HOURS</b>	
<b>LEVEL OF TEACHING</b> (BACHELOR/MASTER/DOCTORATE)	
<b>STUDY PROGRAMME OF WHICH THE LECTURESS SHALL BE HELD</b>	
<b>TITLE OF THE TEACHING PROGRAMME</b>	
<b>CONTENT OF THE TEACHING PROGRAMME</b>	
<b>NUMBER OF STUDENTS OF HOST INSTITUTION BENEFITING FROM THE TEACHING PROGRAMME</b>	
<b>AIM OF MOBILITY</b>	
<b>ADDED VALUE OF THE MOBILITY</b>	



(both for the host institution and for the teacher)	
<b>EXPECTED RESULTS, I.E. HOW IS THE MOBILITY GOING TO AFFECT YOUR FUTURE PROFESSIONAL WORK AT THE HOME INSTITUTION?</b>	

**DETAILED TEACHING PROGRAMME (OBLIGATORY FRAMEWORK PROGRAMME)**

<b>ACTIVITIES PLANNED DURING THE STAY AT THE HOST INSTITUTION</b>	<b>Day 1</b>	
	<b>Day 2</b>	
	<b>Day 3</b>	
	<b>Day 4</b>	
	<b>Day 5</b>	

<b>ACTIVITIES PLANNED DURING THE STAY AT THE HOST INSTITUTION</b>	<b>Day 6</b>	
	<b>Day 7</b>	
	<b>Day 8</b>	
	<b>Day 9</b>	
	<b>Day 10</b>	

Date:

Signature (outgoing staff):

Approved by:

(Fill out by hand)

Home institution:

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Dean/Legal representative of the institution:

Host institution:

\_\_\_\_\_

Host profesor/Dean/Erasmus



**SVEUČILIŠTE HERCEGOVINA**  
**HERZEGOVINA UNIVERSITY**

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coordinator :

\_\_\_\_\_  
Signature:\_\_\_\_\_

\_\_\_\_\_  
Date:\_\_\_\_\_

Stamp of the institution:

\_\_\_\_\_  
Signature:\_\_\_\_\_

\_\_\_\_\_  
Date:\_\_\_\_\_

Stamp of the institution: