

Państwowa Wyższa Szkoła Zawodowa w Głogowie
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LLP-ERASMUS PROGRAMME
INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY
ACADEMIC YEAR 20... / 20...

Name of teacher				
Name and Erasmus code of the home institution				
Department/Faculty				
Name of the contact person at home institution				
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				
Expected results (not limited to the number of students concerned)				

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Place and date

Approval of the teaching programme

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Signature of the Beneficiary

For the home institution

For the host institution

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Name and signature

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Name and signature