**INTERNATIONAL WEEK OF THE UNIVERSITY OF PRIMORSKA**

**MAY 12nd – 16th, 2014**

**TEACHING STAFF MOBILITY**

**Teaching programme**

[ ]  Lifelonglearning Programme - Erasmus Teaching Staff Exchange

[ ]  Other Type of Teaching Staff Exchange – please specify the type:

**A. GENERAL INFORMATION**

A. 1. Home institution

|  |  |
| --- | --- |
| Name of the institution |       |
| Faculty/Department |       |
| Address |       |
| Contact person |       |
| Telephone |       |
| E-mail |       |
| Fax  |       |

A. 2. Teacher

|  |  |
| --- | --- |
| First name, family name |       |
| Academic title |       |
| Telephone |       |
| Fax |       |
| E-mail  |       |

A. 3. Host institution

|  |  |
| --- | --- |
| Name of the institution | University of Primorska (UP) |
| Faculty/Department in which the activity will take place |       |
| Address |       |
| Contact person |       |
| Telephone |       |
| E-mail |       |
| Fax  |       |

**B. TEACHING PROGRAMME – has to be confirmed by UP before your arrival**

B.1.Duration of exchange period

|  |  |
| --- | --- |
| Date of arrival (dd/mm/yy) |       |
| Date of departure (dd/mm/yy) |       |

B.2.Subject area

|  |  |
| --- | --- |
| Subject |       |
| Study level – 1st, 2nd, 3rd cycle |       |

**B.3.** Content of the teaching programme

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|       |

**B.4.** Objectives of the mobility

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|       |

**B. 5.** Added value of the mobility (both for the teacher and the host institution)

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|       |

**B. 6.** Expected results

|  |
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|       |

Teacher

Signature:………………………………… Date and Place:………………………

Home Institution

Signature of the responsible person………………………. Date and Place:………………………

Host Institution

Signature of the responsible person ……………………. . Date and Place:………………………