 Georgian Institute of Public Affairs (GIPA)

**ERASMUS+ MOBILITY STA**

**TEACHING PLAN**

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

**TEACHER**

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

**HOME INSTITUTION**

|  |  |
| --- | --- |
| HOME INSTITUTION  |       |
| DEPARTMENT |       |
| ADDRESS |       |
| CONTACT PERSON AT THE HOME INSTITUTION, POSITION |       |
| TEL |       |
| FAX |       |
| E-MAIL |       |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOST INSTITUTION  |       |
| ADDRESS  |       |
| PIC/ERASMUS ID CODE  |       |
| DEPARTMENT |       |
| ADDRESS (PLACE OF IMPLEMENTATION ACTIVITY- IF IS DIFFERENT THAN HEAD OFFICE OF HOST INSTITUTION) |       |
| CONTACT PERSON AT THE HOME INSTITUTION, TITLE AND POSITION |       |
| TEL |       |
| FAX |       |
| E-MAIL |       |

**MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| NAME OF THE COURSE AT THE HOST INSTITUTION |       |
| SUBJECT AREA |       |
| MAIN LANGUAGE DURING ACTIVITY |       |
|  DURATION OF STAY FROM (DD,MM,YY- FIRST DAY OF ACITIVITY) TILL (DD,MM,YY) |       |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY (excluding travel) |       |
| NUMBER OF TEACHING HOURS |       |
| LEVEL OF TEACHING (BACHELOR / MASTER / DOCTORATE) |       |
| STUDY PROGRAMME OF WHICH THE LECTURES SHALL BE HELD |       |
| TITLE OF THE TEACHING PROGRAMME |       |
| CONTENT OF THE TEACHING PROGRAMME |       |
| NUMBER OF STUDENTS AT THE HOST INSTITUTION BENEFITING FROM THE TEACHING PROGRAMME |       |
| AIM OF MOBILITY |       |
| ADDED VALUE OF THE MOBILITY (BOTH FOR THE HOST INSTITUTION AND FOR THE TEACHER) |       |
| EXPECTED RESULTS, I.E. HOW IS THE MOBILITY GOING TO AFFECT YOUR FUTURE PROFESSIONAL WORK AT THE HOME INSTITUTION? |       |

**DETALIED TEACHING PROGRAMME (OBLIGATORY FRAMEWORK PROGRAM)**

|  |  |  |
| --- | --- | --- |
| Activities planned during the stay at the host institution | DAY 1 |       |
| DAY 2 |       |
| DAY 3 |       |
| DAY 4 |       |
| DAY 5 |       |

Date:

Signature (outgoing staff):

**Approved by:**

**(**Fill out by hand**)**

|  |  |  |
| --- | --- | --- |
| **Home institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stamp of the Institution: |  | **Host institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Host professor/Dean/Erasmus coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stamp of the Institution: |