Allegato I

UNIVERSITÀ DEGLI STUDI DI BERGAMO
PROGRAMMI INTERNAZIONALI

Modulo di Candidatura per Mobilità di Docenza Erasmus Plus KA1 2016/17

Provisional Teaching Programme

Name and Erasmus code of the **Home Institution**	**Università degli Studi di Bergamo** **I BERGAMO01**			
Contact person at the **Home Institution** (name, position, phone, fax, e-mail)	Paola Riva –International Office Coordinator Tel. 0039 035 2052830 Fax 0039 035 2052838 Email: relint@unibg.it			
Teacher's name Faculty/Department			First time TS mobility : YES / NO	
Name and Erasmus code of the **Host Institution**				
Faculty/Department				
Contact person at the **Host Institution** (name, position, phone, fax, e-mail)				
Subject area/field of study (ISCED codes)				
Level	Under Graduate ☐	Post Graduate ☐	Doctoral ☐	Other ,please specify… ☐
Language of teaching				
Expected number of students at the Host Institution benefiting from the teaching programme	Approx.:	Number of teaching hours	hrs.	
From (day/month/year)		Until (day/month/year)		
Objectives of the mobility				
Content of the teaching programme				

Bergamo, ...

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Firma del proponente