**Modulo di Candidatura per Mobilità di Docenza/Formazione Erasmus Plus KA1 2020/21**

**Provisional Teaching Programme**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Erasmus code of the **Home Institution** | Università degli Studi di BergamoI 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](mailto: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 |  | | | | | | | |
| **Staff Training period** | from (day/month/year)………………………… to (day/month/year)………………………….. | | | | | | | |
| Contact person at the **Host Institution** (name, position, phone, fax, e-mail) if different from above |  | | | | | | | |
| Field of training: |  | | | | | | | |
| Type of Training: job shadowing, project meetings, specific seminars or events (NO CONFERENCES are admitted), other, please specify |  | | | | | | | |
| Level of Training activity: related to a specific cycle? | Under Graduate   |  | | --- | |  | | Post Graduate   |  | | --- | |  | | | | Doctoral   |  | | --- | |  | | | | Other ,please specify…   |  | | --- | |  | |
| Language to be used during Training |  | | | | | | | |
| Expected number of training hrs | Approx.: | | |
| Objectives of the mobility |  | | | | | | | |
| **Content** of the training activity |  | | | | | | | |

Bergamo,

*Firma del proponente*