**Modulo di Candidatura per Mobilità di Docenza Erasmus Plus KA1 Call 2024**

**a.a. della mobilità 2025/2026**

**Provisional Teaching Programme**

|  |  |
| --- | --- |
| Name and Erasmus code of the **Home Institution** | Università degli Studi di BergamoI BERGAMO01  |
| Contacts International Programmes at the **Home Institution** (name, position, phone, fax, e-mail) | Elena GottiStaff Manager -International ProgrammesTel. 0039 035 2052 268Email: elena.gotti@unibg.itSilvia Cortinovis and Giovanna Della CioppaAdministrative officers – International OfficeTel. 0039 035 2052269/ 2052832Emails: silvia.cortinovis@unibg.it giovanna.della-cioppa@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

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 | Post Graduate

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 | Doctoral

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 | Other ,please specify…

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| 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,

*Firma del proponente*

**Modulo di Candidatura per Mobilità di Docenza/Formazione Erasmus Plus KA1 call 2024**

**a.a di mobilità 2025/2026**

**Provisional Teaching/Training Programme**

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| --- | --- |
| 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) | Elena GottiStaff Manager -International ProgrammesTel. 0039 035 2052 268Email: elena.gotti@unibg.itSilvia Cortinovis and Giovanna Della CioppaAdministrative officers – International OfficeTel. 0039 035 2052269/ 2052832Emails: silvia.cortinovis@unibg.it giovanna.della-cioppa@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

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 | Post Graduate

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 | Doctoral

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 | Other ,please specify…

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 |
| 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

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 | Post Graduate

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 | Doctoral

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 | Other ,please specify…

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| 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*