**LLP-ERASMUS PROGRAMME**

**INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY**

**ACADEMIC YEAR 20…. /20….**

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| **Sending Institution** |
| **Name and Erasmus Code of The Institution** | Beykoz Vocational School of LogisticsTR ISTANBUL28 251563-IC-1-2009-TR-ERASMUS-EUCX-1 |
| **Country** | TURKEY |
| **Sending Department/Programme** |  |
| **Erasmus Coordinator Data** | Lect. Ayşegül GÜNDÜZ, BA, MScInternational Relations and Erasmus Institutional CoordinatorT. +90 216 4258812 Ext.526 F. +90 216 4139520aysegulgunduz@beykoz.edu.tr  |

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| **Receiving Institution** |
| **Name and Erasmus Code of The Institution** |  |
| **Country** |  |
| **Receiving University/Department/Programme** |  |
| **Erasmus Coordinator Data** |  |

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| **Work Programme** |
| **Beneficiary’s Forename,Surname and Contact Data** |  |
| **Subject Area** |  |
| **Level** | □ Undergraduate □ Master □ Doctorate □ Other……… |
| **Number of Students at The Host Institution Benefiting from The Teaching Programme** |  |
| **Number of Teaching Hours** |  |
| **Objectives of The Mobility** | Exchange of academic staff |
| **Arrival Date** |  | **Departure Date** |  |

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| **Planned Activities**  |
| **Name of The Course** |  |
| **Date** | **Day** | **Hours** | **Lectures / Seminars on** |
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| **Total** |  |  | **-----------------------------------** |

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| **Expected Results** |
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| **Signature of the Participant: Date:** |

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| **Sending Institution**This is to confirm that we agree with the work programme as outlined above.Signature (Erasmus Coordinator): Date: |

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| **Receiving Institution**This is to confirm that we agree with the work programme as outlined above.Signature (Erasmus Coordinator): Date: |