



Erasmus plus - WORK PLAN

SEMESTER or ACADEMIC YEAR/..... –TOPIC:

PERIOD OF STAY (in months):

Name of Grantee:Country:

Sending institution:

DETAILS OF THE PROPOSED RESEARCH AND TEACHING PROGRAMME ABROAD

Receiving institution: Country:

Activities planned during stay at the host institution

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Grantee’s signature: **Date:**

HOME INSTITUTION

We confirm that this proposed programme of activities has been approved.

Signature of the institutional supervisor:

Name: **Date:**

Function:

HOST INSTITUTION

We confirm that this proposed programme of activities has been approved.

Signature of the institutional supervisor:

Name: **Date:**

Function:

Signature of the Administrative coordinator:.....



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Name: Date: