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| Staff Mobility for Teaching Assignments (SEMP) 20 -20  |

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|  | Please complete the application form in capital letters. |
| **Name** **of teacher** | First name and Surname |  |
|  |  |  |  |  |
| **Host** **institution** | Institution name: |  |
|  | Erasmus code: |  |
|  | Country: |  |
|  | Department: |  |
|  | Name of contact person: |  |
| **Content of** **the teaching** | Level   | Bachelors |  1 |  2 |  3 |
|  | Masters |  1 |  2 |  |
|  | Doctoral/Other |   |  |  |
|  | Estimated students number: |   |
|  | Content of the teaching programme: |  |
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| **Planned** **teaching** **period** | Dates:Duration (days):Total number of teaching hours: |  |
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| Teaching time abroad that is funded by the allowance must be at least 8 teaching hours. The exchange must take place during the contract period: 1 July–30 September. |
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| **Grounds and** **expected aims** **for the teaching visit** |  |  |
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| **Added value of the mobility** (both for the host institution and for the teacher) |  |  |
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| **Content of the** **teaching programme** |  |  |
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| **Expected results** (not limited to the number of students concerned): |  |  |
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| **Estimated costs** | Travel: |  |
| Accommodation: |  |
| Total sum applied for the Erasmus allowance: |  |
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To be formally agreed prior to the mobility period by all parties by exchange of letters or electronic messages.

 Home institution Host institution

Date: Date: Date:

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Participiant’s signature Coordinator’s signature Coordinator’s signature