MEDICAL UNIVERSITY OF LODZ

Name of teacher	
Name and Erasmus code of the home institution	
Department/Faculty	
Name of the contact person at home institution	
Name and Erasmus code of the host Institution/	
Department/Faculty	
Name of the contact person at the host institution	
Subject area	

Level	Bachelor ☐	Master ☐	Doctorate ☐	other ☐, *please specify ....*

Number of students at the host institution benefiting from the teaching programme		Number of teaching hours	

Arrival date		Departure date	

Objectives of the mobility	
Added value expected from the mobility / expected results (for the host institution, for the staff member carrying out the assignment, for the home institution)	
Content of the teaching programme	
Expected results (not limited to the number of students concerned)	

....

Place and date

....

Signature of the Beneficiary

Approval of the teaching programme

For the home institution

For the host institution

....

Name and signature

....

Name and signature