



Mobility Work Plan (per monitoraggio)

Planned period of the activity: from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The teaching staff member

Last name (s)		First name (s)	
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The Receiving Institution

Name		Faculty/Department	
Erasmus code (if applicable)			
Address		Country/ Country code	
Contact person name and position		Contact person e-mail / phone	

Overall objectives of the mobility:

(if applicable)

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Expected outcomes and impact

The teaching staff member

Name:

Signature:

Date:

The receiving institution

Name:

Signature: Date: