



**ERASMUS+**  
**Programme – Key Action 1 – STAFF MOBILITY**  
**A.A. 2014/15**  
Teaching programme

Name of teacher:	
Contact details (e-mail, phone, fax):	

**1. Information about the home institution, department/faculty:**

Name of the Institution/ department:	<b>Conservatory of Music “Umberto Giordano” Foggia, Italy</b>
Erasmus ID code:	<b>I FOGGIA02</b>
Name of contact person: e-mail, phone, fax:	<b>M° Francesco Di Lernia Tel.: +390881.723668 fax: +390881.774687</b>
Position of the contact person:	<b>Erasmus Coordinator</b>

**2. Information about the host institution, department/faculty, programme concerned:**

Name of the Institution/ department:	
Erasmus ID code:	
Name of contact person: e-mail, phone, fax:	
Position of the contact person:	



3. Subject Area: \_\_\_\_\_

4. Level :  Bachelor Year       Master Year       doctoral Year

5. Number of student at the host institution benefiting from the teaching programme: \_\_\_\_\_

6. Number of teaching hours: \_\_\_\_\_

7. Duration days: \_\_\_\_\_

8. Objectives of the mobility:

9. Added value of the mobility (both for the host institution and for the teacher)

10. Content of the teaching programme:



**11. Expected results** (not limited to the number of students concerned):

Teacher signature \_\_\_\_\_

date: \_\_\_\_\_

<b>HOME INSTITUTION</b>	<b>HOST INSTITUTION</b>
We confirm that this proposed teaching programme is approved	We confirm that this proposed teaching programme is approved
<b>Date:</b>	<b>Date:</b>
<b>Signature:</b> Erasmus Coordinator _____	<b>Signature:</b> Erasmus Coordinator _____
<b>Stamp :</b>	<b>Stamp:</b>