**Erasmus plus - WORK PLAN**

SEMESTER or ACADEMIC YEAR ......../........ –TOPIC: ..........................................
PERIOD OF STAY (in months): ……………….

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| Name of Grantee: ……………………….………………Country: ……………..........................................Sending institution: ……………………………………………………………………………………………………  |

# DETAILS OF THE PROPOSED RESEARCH AND TEACHING PROGRAMME ABROAD

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| Receiving institution: ............................................................. Country: ................................................ |

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| Activities planned during stay at the host institution ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

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| **Grantee’s signature**: ............................................................. **Date:** ......................................................... |

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| **HOME INSTITUTION**We confirm that this proposed programme of activities has been approved. |
| Signature of the institutional supervisor: ……………………………….....................................**Name**: .................................................................. **Date:** ..........................................................Function: ………………………………………………………………………………………....……… |  |

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| **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:………………………………………………………………**Name**: .................................................................. **Date:** .......................................................... |  |