**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:** .......................................................... |  |