| **ERASMUS+ STAFF MOBILITY**  **FOR TEACHING ASSIGNMENTS (STA) FORM** | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Please fill in this program electronically before printing* | | | | | |
| **Personal Data** | | | | | |
| Mr  Ms | | Family Name: | | | Forename(s): |
| Nationality:  TC | | Turkish ID Number (or passport number for foreign faculty): | | | |
| Date of Birth: | | Subject Area: | | | |
| Seniority:  Lecturer  Junior (Assist. Prof.)  Intermediate (Assoc. Prof.)  Senior (Professor) | | | | | |
| E-mail Address: | | | | | |
| Phone Number(s): | | | | | |
| Fax Number (if there is any): | | | | | |
| **Home Institution (Sending Institution)** | | | | | |
| Name of the Home Institution | | | | Kütahya Health Sciences University | |
| Erasmus ID Code | | | | TR KUTAHYA02 | |
| Faculty and Department: | | | |  | |
| Institutional Erasmus Coordinator | | | | Emrah Tümer, MD. PhD. | |
| Contact Details of the Institutional Erasmus Coordinator | | | | E-mail Address: [iro@ksbu.edu.tr](mailto:iro@ksbu.edu.tr)  [emrah.tumer@usak.edu.tr](mailto:emrah.tumer@usak.edu.tr)  Phone Number: +90 (274) 260 00 43 | |
| **Host Institution (Receiving Institution)** | | | | | |
| Name of the Host Institution | | | |  | |
| Erasmus ID Code | | | |  | |
| Faculty and Department | | | |  | |
| Name of the Contact Person | | | |  | |
| Contact Details of the Contact Person at the Host Institution | | | |  | |
| **Content of the Teaching Activities** | | | | | |
| Level of Teaching | | | | BA  MA/MS/MBA  PhD | |
| Number of Students Benefiting from the Teaching Activity | | | |  | |
| Period of the Mobility (arrival and departure dates) | | | |  | |
| Number of Teaching Hours | | | |  | |
| Language of Teaching | | | |  | |
|  | | | | | |
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|  | | | | | |
|  | | | | | |
| **Daily Programme of the Teaching Activities (TEACHING PROGRAMME)** | | | | | |
| You can add as many lines as needed by pressing the ENTER key in each column | | | | | |
| Days and Dates | Hours | | Subject | | |
| Day 1  (Date) |  | |  | | |
| Day 2  (Date) |  | |  | | |
| Day 3  (Date) |  | |  | | |
| Day 4  (Date) |  | |  | | |
| Day 5  (Date) |  | |  | | |

This teaching programme must be approved by both the sending and the host institution.

|  |  |  |
| --- | --- | --- |
| **Home Institution** : We confirm that the above proposed teaching / work plan is approved. | | |
| Faculty Dean’s Name / Surname :  Faculty Dean’s Signature: Date: | | |
| **Head of the Department**  Name:  Signature:  Date: | | **Institutional Erasmus Coordinator**  Name: Emrah Tümer, MD. PhD.  Signature and Stamp:  Date: |
| **Host Institution**: We confirm that the above proposed teaching / work plan is approved. | | |
| **Head of the Department**  Name:  Signature:  Date: | **Institutional Erasmus Coordinator**  Name:  Signature and Stamp:  Date: | |

**.**