| **ERASMUS+ STAFF MOBILITY** **FOR TEACHING ASSIGNMENTS (STA) FORM** |
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| *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 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 |  |
|  |
|  |
|  |
|  |
| **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.

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| **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:  |

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