





## Erasmus plus - WORK PLAN

SEMESTER or ACADEMIC YEAR/ –TOPIC:	
	Country:
Sending institution:	
DETAILS OF THE PROPOSED RESEARCH AND TEACHING PROGRAMME ABROAD	
Receiving institution:	Country:
Activities planned during stay at the host institution	
Grantee's signature:	Date:
HOME INSTITUTION	
We confirm that this proposed progra	amme of activities has been approved.
Signature of the institutional supervisor: .	
	Date:
Function:	
HOST INSTITUTION	
We confirm that this proposed progra	amme of activities has been approved.
Signature of the institutional supervisor: .	
	Date:
Name:	Date: