LLP-ERASMUS PROGRAMME
INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY
ACADEMIC YEAR 2025/ 2026

Name of teacher					
Name and Erasmus code of the home institution					
Department/Faculty					
Name of the contact person at home institution					
Name and Erasmus code of the host Institution/	VERN' UNIVESITY HR ZAGREB10				
Department/Faculty					
Name of the contact person at the host institution					
Subject area					
Level	Bachelor ☐	Master ☐	Doctorate ☐	other ☐, *please specify*	
Number of students at the host institution benefiting from the teaching programme		Number of teaching hours			
Arrival date		Departure date			
Objectives of the mobility					
Added value expected from the mobility / expected results (for the host institution, for the staff member carrying out the assignment, for the home institution)					
Content of the teaching programme					
Expected results (not limited to the number of students concerned)					

.....
Place and date

.....
Signature of the Beneficiary

Approval of the teaching programme

For the home institution

.....
Name and signature

For the host institution

.....
Name and signature