****

**Research / Training / Teaching Plan**

***(Post-Doctorate & Staff Level)***

**ACADEMIC YEAR: ……………………. STUDY PERIOD: From……………To…………......**

**FIELD OF STUDY:………………………………………………………………………………….**

Full Name of Scholar:

……………………………………………………………………………………………………………

Sending Institution…………………………………………………...Country:…………………………

**DETAILS OF THE PROPOSED STUDY PROGRAMME**

Receiving Institution:……………………………………………….Country:…………………………..

**DETAILS OF THE PROPOSED RESEARCH / TRAINING / TEACHING PLAN**

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If necessary, please continue on a separate sheet

Student’s Signature:…………………………………………… Date:…………………………………………..

**SENDING INSTIUTION**

We confirm that the proposed Research / Training / Teaching Plan is approved and will be recognised at our university once the student returns from his/her mobility.

**Academic – Faculty/Department Level EPIC Contact Person (Home Univ.)**

………………………………………………. ………………………………………………..

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**RECEIVING INSTITUTION** (signatures to be obtained at start of mobility)

We confirm that the proposed Research / Training / Teaching Plan is part of the curriculum at our university and these courses/modules can be offered to the student.

**Academic – Faculty/Department Level EPIC Contact Person (Host University)**

………………………………………………. ………………………………………………..

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**CHANGES TO ORIGINALLY PROPOSED RESEARCH / TRAINING / TEACHING PLAN**

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If necessary, please continue on a separate sheet

Student’s Signature:…………………………………………… Date:………………………………………….

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Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_