

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

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

EU-METALIC 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
University)**

EU-METALIC Contact Person (Host

.....

.....

Date: __ / __ / ____

Date: __ / __ / ____

CHANGES TO ORIGINALLY PROPOSED RESEARCH / TRAINING / TEACHING PLAN

[Empty box for changes to the research/training/teaching plan]

If necessary, please continue on a separate sheet

Student’s Signature:..... Date:.....

SENDING INSTIUTION

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

Academic – Faculty/Department Level

EU-METALIC Contact Person (Home Univ.)

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Date: __ / __ / ____

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

Academic – Faculty/Department Level

EU-METALIC Contact Person (Host University)

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Date: __ / __ / ____

Date: __ / __ / ____