



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 II Contact Person (Home Univ.)

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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

EU-METALIC II Contact Person (Host Univ.)

.....

.....

Date: ___ / ___ / _____

Date: ___ / ___ / _____

CHANGES TO ORIGINALLY PROPOSED RESEARCH / TRAINING / TEACHING PLAN

[Empty box for changes to the 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 II Contact Person (Home Univ.)

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Date: __ / __ / ____

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Academic – Faculty/Department Level

EU-METALIC II Contact Person (Host Univ.)

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Date: __ / __ / ____

Date: __ / __ / ____