ERASMUS STAFF TEACHING WORK PLAN

KİŞİSEL BİLGİLER /PERSONAL DETAILS

Adı ve Soyadı /Name and Surname	
K/E -Gender	
Engellilik Durumu / Special care needed (if any)	
E-posta/ E-mail	
Tel	
Bölüm/Birim - Academic Unit	

GÜNLÜK PLAN / DAILY TEACHING PROGRAMME

GÜN/DAY	TARİH/DATE	PROGRAM with course hours
1		
2		
3		
4		
5		

DERS VERME HAREKETLİLİĞİ HEDEFLERİ /OBJECTIVES & EXPECTED RESULTS OF EXCHANGE

KATILIMCI/ PARTICIPANT	İmza/Signature : Tarih/ Date :

HOST INSTITUTION	Name of the Institution : Erasmus Code of the Institution: Coordinator's name : Signature : Date :