



ΧΑΡΟΚΟΠΕΙΟ
ΠΑΝΕΠΙΣΤΗΜΙΟ



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ ΚΑΙ ΘΡΗΣΚΕΥΜΑΤΩΝ

ΙΔΡΥΜΑ ΚΡΑΤΙΚΩΝ ΥΠΟΤΡΟΦΙΩΝ
(Ι.Κ.Υ.)
ΔΙΕΥΘΥΝΣΗ ΕΙΔΙΚΩΝ ΠΡΟΓΡΑΜΜΑΤΩΝ
ΔΙΕΘΝΩΝ ΥΠΟΤΡΟΦΙΩΝ
ΤΜΗΜΑ ΠΡΟΓΡΑΜΜΑΤΩΝ ΕΥΡΩΠΑΪΚΗΣ
ΕΝΩΣΗΣ



Πρόγραμμα
δια βίου
μάθησης

L.L.P. / ERASMUS MOBILITY FOR TEACHING ASSIGNMENT

Academic Year 2013/14

TEACHING PROGRAMME - TRIPARTITE AGREEMENT

I. DETAILS OF THE BENEFICIARY / TEACHING STAFF MEMBER

Family/Last Name:	Given/ First Name(s):
Position:	Department:
Address:	Tel.:
E-mail:	Fax:
Do you have a disability?	
Is this your first ERASMUS Teaching Visit in general?	
Is this your first ERASMUS Teaching Visit at the hereunder HOST Institution?	

II. DETAILS OF THE HOME & HOST INSTITUTIONS

Home institution	Harokopio University (Charokopeio Panepistimio – Χαροκόπειο Πανεπιστήμιο) G KALLITH01 Department : _____
contact person	<u>ERASMUS Departmental Co-ordinator:</u> <u>ERASMUS Institutional Co-ordinator:</u> Assoc. Prof. Georgios DEDOUSSIS, T.: + 30 210 9549 304, F.: +30 210 9577 050 E-mail: dedousi@hua.gr
Administrative	ERASMUS Office : T.: +30 210 9549 330, F.: +30 210 9577 050 E-mail: edurie@hua.gr Harokopio University, El. Venizelou Ave, 70 GR – 176 71 KALLITHEA ATTIKIS

HOST Institution	
1. Host Unit:	
2. Address/location:	
contact person(s) (name, postal address, phone, fax, E-mail)	

III. INFORMATION ABOUT THE TEACHING VISIT & PROGRAMME

Duration of the visit : strongly recommended 1 WEEK = 7 DAYS (5 Working days + 2 for travel) AT LEAST 5 TEACHING HOURS / WEEK – MAXIMUM 6 WEEKS			
Start date (& day):		End date (& day):	
No. of weeks:		No. of working days:	
Subject area:		ISCED code:	
<u>Teaching Level</u> Bachelor :	Year:	Master:	Year:
		Doctoral:	Year:
Number of students at the host institution benefiting from the teaching programme:			
No. of teaching hours:		Teaching Language:	
Teaching Visit & Programme			
1. Objectives of the mobility :			
2. Added value of the mobility (both for the host institution and for the teacher) :			
3. Detailed visit programme & Content of the teaching programme :			
4. Expected results (not limited to the number of students directly concerned)			

Name of the Beneficiary :	Beneficiary's Signature: Date :
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HOME INSTITUTION: HAROKOPIO UNIVERSITY Charokopeio Panepistimio– G KALLITH01	HOST INSTITUTION (Name & Erasmus ID Code:) :
Position: ERASMUS Departmental Co-ordinator Name: Signature: _____ Date: _____	Name & position: Signature: _____ Date: _____
Name & position: Signature: _____ Date: _____	Name & position: Signature: _____ Date: _____
Stamp:	Stamp: