## FORMULARZ ZGŁOSZENIOWY

## WYJAZDY NAUCZYCIELI AKADEMICKICH

## W CELU PROWADZENIA ZAJĘĆ DYDAKTYCZNYCH (STA)

## PROGRAM ERASMUS+ ROK AKADEMICKI 2015/2016

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| Nazwisko: .....................................................................................…………………………………………  Imię: .............................................................................................…………………………………………  Stanowisko/stopień naukowy…………………………………………………………………………………  Katedra/ Instytut ………………………………………………………………………………………………  Data i miejsce urodzenia: ............................................................…………………………………………  Numer PESEL: .........................…………………Obywatelstwo.............................………………………  Adres do korespondencji: ...........................................................…………………………………………  tel.: ............................…… tel. kom………………………… e-mail: ........................................……… |

**Zgłoszenie na wyjazd w celu prowadzenia zajęć dydaktycznych do:**

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| --- | --- | --- |
| Uczelnia zagraniczna ...................................................………… | Jednostka/Instytut/Wydział  .................................... | Planowany termin  ....................................… |

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| Uzgodniona tematyka i rodzaj zajęć (np. wykład, ćwiczenia, seminarium) w uczelni zagranicznej (minimum 5 godzin):  ..............................................................................................................................................…………..…...............  ..............................................................................................................................................…………....….............  ..............................................................................................................................................……….................……  ……………………………………………………………………………………………………………...………  ………………………………………………………………………………………………………………………  Język, w którym prowadzone będą zajęcia...........................................................................………….................... |

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| Czy Kandydat/-tka korzysta/-a juz wcześniej z wyjazdów STA w ramach programu LLP-Erasmus ? :  ………………  Ile razy i w jakich uczelniach przebywał/-ła : ...................................................………………………………....................................................................  ..............................................................................................................................................……….....…… |

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| **Do formularza należy dołączyć:**  **- list motywacyjny skierowany do Prorektora ds. studiów i nauczania, zaparafowany przez Kierownika Katedry**  **- indywidualny program nauczania (wg wzoru) z podpisem Prorektora ds. studiów i nauczania**  **PRZYJMOWANE SĄ TYLKO KOMPLETNE APLIKACJE !!!** |

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(zgoda Kierownika Katedry) (podpis Kandydata)

ERASMUS+ PROGRAMME

INDIVIDUAL TEACHING PROGRAMME FOR TEACHING STAFF MOBILITY

ACADEMIC YEAR 2014/2015

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Teacher’s name and degree (prof., dr, etc.) | |  | | | | | | |
| Institute/Faculty | |  | | | | | | |
| Name and Erasmus code of the home institution | | **THE STATE SCHOOL OF HIGHER EDUCATION IN CHELM** PL CHELM01 | | | | | | |
| Name and position of contact person at home institution | | Prof. Paweł Skrzydlewski, Erasmus+ Institutional Coordinator, Poland, tel. +48 565 88 95, fax: +48 82 565 88 94, pskrzydlewski@pwsz.chelm.pl | | | | | | |
| Name and Erasmus code of the host Institution | |  | | | | | | |
| Department/Faculty | |  | | | | | | |
| Contact person at the host institution (name, phone, fax, e-mail) | |  | | | | | | |
| Subject area/field of study | |  | | | | | | |
| Level | | Bachelor   |  | | --- | |  | | Master   |  | | --- | |  | | Doctorate   |  | | --- | |  | | | | |  | | --- | |  |   Other , *please specify* .... | |
| Language of teaching | |  | | | | | | |
| Expected number of students at the host institution benefiting from the teaching programme | | Approx. | | | Number of teaching hours | | |  |
| From(day/month/year) | ………………… | Until (day/month/year) | | | | ……………………………………… | | |
| Objectives of the mobility | |  | | | | | | |
| Added value expected from the mobility / expected results (for the host institution, for the staff member carrying out the assignment, for the home institution) | |  | | | | | | |
| Content of the teaching programme i.e. titles of the courses, course types (lecture, classes, seminar, etc) and number of hours for each course unit. If applicable, other activities to be carried out for each day of the visit, as detailed as possible | | Programme:  Day 1 …………………………………  Day 2 …………………………………  Day 3 …………………………………  Day 4 …………………………………  Day 5 ………………………………… | | | | | | |

Chelm,

*Place and date* *Signature of the teacher*

**Approval of the teaching programme:**

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| …………………………………………………… Signature and stamp of the head of the home unit/other competent person |  | ………………………………………….……………………… Signature and stamp of the head of the host unit/Vice-Rector for study & education |
| …………………………………………………… Signature and stamp of the Erasmus+ Institutional Coordinator of the home unit *Place and date ………………………………………* |  | ………………………………………….………………………… Signature and stamp of the Erasmus+ Coordinator of the host unit *Place and date…………………………………………………* |