**PIRI REIS UNIVERSITY**

**ERASMUS STAFF TRAINING PROGRAMME**

**Training Agreement 2013/2014**

**Name of Staff:**

**E-mail:**

**Department:**

**Sending Institution:** PİRİ REİS UNIVERSITY

**Erasmus Code:** TR ISTANBU 37

**Erasmus Contact Person:**

**Host Institution:**

**Erasmus Code:**

**Erasmus contact person:**

**Subject area:**

**Duration: .... days Arrival Date: Departure Date:**

**Objectives of the mobility:**

**Training program:**

**Day 1:**

**Day 2:**

**Day 3:**

**Day 4:**

**.....**

**Added value of the mobility /expected results (for host institution and teacher):**

|  |  |
| --- | --- |
| **NAME OF STAFF:**  | **Date and signature:** |

**SENDING INSTITUTION**

**We confirm that this proposed teaching programme is approved.**

**Date: ………………… Signature ………………………………………………………..**

**RECEIVING INSTITUTION**

**We confirm that this proposed teaching programme is approved.**

**Date: ………………… Signature ………………………………….……………..…………………………………..**