**PROGRAM SLOVENSKI ŠTIPENDIJSKI SKLAD EGP IN NFM**

**MOBILNOST UČNEGA OSEBJA**

**(TEACHING STAFF MOBILITY)**

**PROGRAM PREDAVANJ (Teaching programme)**

**A. SPLOŠNI PODATKI**

 **(GENERAL INFORMATION)**

**A. 1. Matična institucija**

 Home institution

|  |  |
| --- | --- |
| Naziv institucije(Name of the Institution) | Univerza na Primorskem Università del Litorale – University of Primorska |
| Članica/oddelek (Faculty/Department)  |       |
| Naslov (Address) |       |
| Kontaktna oseba (Contact person) |       |
| Tel. (Telephone) |       |
| E-mail |       |
| Fax  |       |

**A. 2. Učitelj**

Teacher

|  |  |
| --- | --- |
| Ime in priimek(First name, family name) |       |
| Strokovni naziv(Academic Title) |       |
| Telefon/mobilni telefon(Telephone/mobile) |       |
| Fax |       |
| E-mail  |       |
| Naslov stalnega bivališča(Permanent address) |       |

**A. 3. Partnerska institucija**

Host institution

|  |  |
| --- | --- |
| Naziv institucije(Name of the Institution) |       |
| Članica (oddelek/katedra) partnerske Univerze, kjer bodo potekale aktivnosti(Faculty/Department in which the activity will take place) |       |
| Naslov (Address) |       |
| Kontaktna oseba (Contact person) |       |
| Tel. (Telephone) |       |
| E-mail |       |
| Fax  |       |

**B. PROGRAM PREDAVANJ - *program je potrebno pred odhodom uskladiti z institucijo gostiteljico***

**( TEACHING PROGRAMME – has to be confirmed by the host institution before the departure)**

**B.1. Trajanje izmenjave**

Duration of exchange period

|  |  |
| --- | --- |
| **Datum odhoda (d/m/l)**Date of departure (dd/mm/yy) |       |
| **Datum vrnitve (d/m/l)**Date of return (dd/mm/yy) |       |

**B.2. Študijsko področje (prosimo, navedite)**

Subject area (please, use the Erasmus subject area codes)

|  |  |
| --- | --- |
| Predmet (subject) |       |
| Stopnja študija – (1., 2., 3)(Study level – 1st, 2nd, 3rd cycle) |       |

**B.3. Vsebina predavanj**

Content of the teaching programme

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|       |

**B.4. Cilji mobilnosti**

Objectives of the mobility

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**B. 5. Dodana vrednost mobilnosti**

Added value of the mobility

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**B. 6. Pričakovani rezultati mobilnosti**

Expected results

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|       |

Učitelj (Teacher) Kraj in datum:

Podpis (Signature):………………………………… Date and Place:………………………

Matična institucija

(Podpis odgovorne osebe)

(Home Institution) Kraj in datum:

(Signature of the responsible person)………………………. Date and Place:………………………

Institucija gostiteljica

(Podpis odgovorne osebe)

Host Institution Kraj in datum:

(Signature of the responsible person) ……………………. . Date and Place:………………………