



ΧΑΡΟΚΟΠΕΙΟ
ΠΑΝΕΠΙΣΤΗΜΙΟ



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ ΚΑΙ ΘΡΗΣΚΕΥΜΑΤΩΝ,
ΠΟΛΙΤΙΣΜΟΥ ΚΑΙ ΑΘΛΗΤΙΣΜΟΥ

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



ΓΔ Εκπαίδευση και πολιτισμός

Πρόγραμμα διά βίου μάθησης
ERASMUS

L.L.P. / ERASMUS MOBILITY FOR TEACHING ASSIGNMENT
Academic Year 2012/13

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 (Charokopio 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: