

**LLP-ERASMUS PROGRAMME
INDIVIDUAL PROGRAMME FOR TEACHING STAFF MOBILITY
ACADEMIC YEAR 2009/ 2010**

Name and Erasmus code of the HOST institution			
Department/Section/Faculty			
Beneficiary's forename and surname			
Name and Erasmus code of the HOME Institution/		University of Santiago de Compostela, E SANTIAG 01	
Department/Section/Service			
Name of the contact person at the host institution			
Number of services/sections/departments involved at the host institution		Working timetable	
Arrival date		Departure date	
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)			

.....
Place and date

.....
Signature of the Beneficiary

Approval of the programme

Name and status of the official representative
of host institution

Signature

Stamp of the host institution

Place and date