



TEACHING ASSIGNMENT - MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME -

ACADEMIC YEAR 20... / 20...

Name of teacher:

Sending institution: **Ruprecht-Karls-Universität Heidelberg**.....

Country:**Germany**.....

ERASMUS-CODE:.....**D HEIDELB01**.....

EUC-No.:.....**29870**.....

Name of the contact person from the home institution:
...**Mr. Benjamin Held**.....

Receiving institution:
..... Country:

ERASMUS-CODE: EUC-No.:

Name of the contact person from the host institution:
.....

Subject area:

Level (Bachelor Year x, Master):

Number of students at the host institution benefiting from the teaching programme:

Number of teaching hours:

Objectives of the mobility:
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Added value of the mobility (both for the host institution and for the teacher):
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.....

Content of the teaching programme :

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.....

Expected results (not limited to the number of students concerned):

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.....
.....

Teachers signature

..... Date:

SENDING INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

.....

Date:

RECEIVING INSTITUTION

We confirm that the proposed teaching programme is approved.

Coordinator's signature

.....

Date: