



Erasmus plus - Research Proposal PLAN

SEMESTER or ACADEMIC YEAR/..... –TOPIC:
PERIOD OF STAY (in months):

Name of Grantee: Country:
Sending institution:

DETAILS OF THE PROPOSED RESEARCH AND TEACHING PROGRAMME ABROAD

Receiving institution: Country:

Activities planned during stay at the host institution
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Grantee's signature: **Date:**

HOME INSTITUTION
We confirm that this proposed programme of activities has been approved.
Signature of the institutional supervisor:
Name: **Date:**
Function:

HOST INSTITUTION
We confirm that this proposed programme of activities has been approved.
Signature of the institutional supervisor:
Name: **Date:**
Function:

Signature of the Administrative coordinator:.....
Name: **Date:**