Ministero dell'Università e della Ricerca
Alta Formazione Artistica Musicale e Coreutica

CONSERVATORIO DI MUSICA "Tito Schipa" di LECCE

MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME

Name of the teacher: _____

Sending Institution: **CONSERVATORIO DI MUSICA "Tito Schipa" di LECCE**

Country: **ITALY** Erasmus code: **I LECCE03** Erasmus ECU No:

Contact person from the home Institution: Paolo Tortiglione (Paolo@Tortiglione.com)

Receiving Institution: _____

Erasmus Code: _____ Erasmus EUC No: _____

Name of the contact person from the host Institution: _____

Signature:

Subject area: _____ Level: Undergraduate __ Postgraduate __

Number of students: _____ Number of teaching hours:_____

Objectives of the mobility:
_____
_____

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

Content of the teaching programme:
_____
_____

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

Teacher signature: _____ Date: _____

SENDING INSTITUTION:

We confirm that the proposed teaching programme is approved.

Coordinator signature: _____

Date: _____ Stamp:

RECEIVING INSTITUTION:

We confirm that the proposed teaching programme is approved.

Coordinator signature: _____

Date: _____ Stamp: