

## TEACHING PROGRAMME. STAFF MOBILITY FOR TEACHING ASSIGNMENTS [STA]

<b>HOME INSTITUTION</b>	
Name and Erasmus Code of the institution	ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA E ZAMORA08
Contac person: (name, address, phone, fax, e-mail, web)	AMPARO FERNÁNDEZ OTERO. International Relations Coordinator Avd. Plaza de Toros Nº2. Zamora (España) Tel: +0034 980514341      Fax: +0034 980514360 e-mail: <a href="mailto:erasmus@easdzamora.es">erasmus@easdzamora.es</a> web: <a href="http://www.easdzamora.com/">www.easdzamora.com/</a>
Department/Faculty:	
<b>HOST INSTITUTION</b>	
Name and Erasmus Code of the institution  Contac person: (name, address, phone, fax, e-mail, web)  <div style="display: flex; justify-content: space-between;"> <span>Tel:</span> <span>Fax :</span> </div> <div style="display: flex; justify-content: space-between;"> <span>e-mail:</span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span>web:</span> <span></span> </div> Department/Faculty:	
<small>*Official name of the institution in the national language of their country and ERASMUS ID code of the institution.</small>	
<b>BENEFICIARY</b>	
Name and surname:	
e_mail:	Subject area:
Level:    BACHELOR              MASTER              DOCTORAL              Year:	
Number of students at the host institution benefiting from the teaching programme:	
Number of teaching hours:	
Arrival date:	Departure date:
<b>MOBILITY GENERAL OBJETIVES</b>	
<b>ADDED VALUE OF THE MOBILITY (both for the host institution and for the teacher)</b>	

CONTENT OF THE TEACHING PROGRAMME

EXPECTED RESULTS (not limited to the number of students concerned):

Teacher's signature:

Name of teacher:

Sending institution: ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA Date:

Name of institution:

ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA

Name and function of the signatory:

Signature and stamp:

Date:

Zamora. SPAIN

Name of institution:

Name and function of the signatory:

Signature and stamp:

Date: