

**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)	
	Tel: Fax : e-mail: web:
Department/Faculty:	
*Official name of the institution in the national language of their country and ERASMUS ID code of the institution.	
<b>BENEFICIARY</b>	
Name and surname:	
e_mail:	Subject area:
Level	SHORT CYCLE      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: