Università degli Studi di Messina

Erasmus+

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:** .....