



**SVEUČILIŠTE
U ZADRU**
UNIVERSITY
OF ZADAR

**URED ZA MEĐUNARODNU SURADNJU
INTERNATIONAL RELATIONS OFFICE**

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UNIVERSITY OF ZADAR

STAFF MOBILITY FOR THE PURPOSE OF TEACHING ASSIGNMENT

TEACHING PROGRAMME

Name of teacher:	
Academic degree/title:	
Name of the home institution:	University of Zadar
Home Department:	
Head of the Department at the home institution:	
Name of the contact person from the home institution:	
Name of the course at the home institution:	
Subject area:	

Name of the host institution/Department:			
Number of teaching hours:			
Duration of the mobility FROM (dd/mm/yy) TILL (dd/mm/yy):			
Name of the contact person from the host institution (name, academic degree/title, function, telephone number, e-mail address):			
Name of the course at the host institution:			
Subject area:			
Level:	Bachelor Year	Master Year	Doctoral Year

Title and content of the teaching programme:	
Objectives and purpose of the teaching programme:	
Expected results at the host insitution (not limited to the number of students concerned) and evaluation of benefit for the host institution:	
Added value of the mobility (both for the teacher and for his further work at the home institution):	

Date and place:

Candidate's signature:

Direct supervisor's signature
(at home institution):

Direct supervisor's stamp and
signature (at host institution):

KLASA:

URBROJ: