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|  2016/2017Açıklama: C:\Users\Dell\Desktop\UNİKOP 1. Dönem 2015-2017\Kütüphane eğitim alma\logo trkce.jpg**Erasmus**Staff Training Mobility**Application Form** |
| **Applicant** | Name |  |
| ID Nr. |  |
| Position |  |
| Address |  |
| Phone & Fax |  |
| E-mail |  |
| **Name of Home Institution** | **KARAMANOGLU MEHMETBEY UNIVERSITY**  |
| **Faculty** |  |
| **Department** |  |
| **Erasmus ID Code:** | **TR KARAMAN01** |
| **Name of Host Institution / Enterprise** |  |
| **Erasmus ID Code** |  |
| **Department at Host Institution/Enterprise** |  |
| **Host Institution/Enterprise Contact Person** | Name |  |
| Position |  |
| Address |  |
| Phone & Fax |  |
| E-mail |  |
| **Information on Host Institution / Enterprise** |
| Size of Institution/Enterprise:  |  | * Small (1-50 working staff)
* Medium (50-250 working staff)
* Large (250 and up working staff)
 |
| Sector |  |
| Language |  |
| Duration of Mobility: | Number of Days: Duration: \_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_/\_\_\_/\_\_\_\_\_ |
| Purpose of Mobility: |  |
| Expected Outcomes: |
| Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Erasmus Staff Training Mobility**Work Plan** |
| **Date** | **Program** |
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| **Approval of Home Institution**Approved By: Title: **Erasmus+ Office Coordinator**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_\_\_Stamp: | **Approval of Host Institution**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_\_\_Stamp: |