



Ministero dell'Istruzione, dell'Università e della Ricerca

ALTA FORMAZIONE ARTISTICA, MUSICALE E COREUTICA

ISTITUTO SUPERIORE DI STUDI MUSICALI

CONSERVATORIO STATALE DI MUSICA

LATINA

MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME

Name of the teacher: _____

Sending Institution: **CONSERVATORIO STATALE DI MUSICA "O. RESPIGHI" di LATINA**

Country: **ITALY** Erasmus code: **I LATINA 02** Erasmus ECU No: **222720**

Contact person from the home Institution:

Receiving Institution: _____

Erasmus Code: _____ Erasmus EUC No: _____

Name of the contact person from the host Institution: _____

Signature:

Subject area: _____ Level: Undergraduate __ Postgraduate __

Number of students: _____ Number of teaching hours: _____

Objectives of the mobility:

Added value of the mobility (both for the host institution and for the teacher):



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Content of the teaching programme:

Expected results (not limited to the number of students concerned):

Teacher signature: _____ Date: _____

SENDING INSTITUTION:

We confirm that the proposed teaching programme is approved.

Coordinator signature: _____

Date: _____ Stamp:

RECEIVING INSTITUTION:

We confirm that the proposed teaching programme is approved.

Coordinator signature: _____

Date: _____ Stamp: