



*Ministero dell'Università e della Ricerca*  
*Alta Formazione Artistica Musicale e Coreutica*  
**CONSERVATORIO DI MUSICA “Giuseppe Verdi” di MILANO**

**MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME**

Name of the teacher: \_\_\_\_\_

Sending Institution: **CONSERVATORIO DI MUSICA “G.VERDI” di MILANO**

Country: **ITALY**

Erasmus code: **I MILANO 09**

Erasmus ECU No: **101608**

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):

\_\_\_\_\_

\_\_\_\_\_

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: