



CONSERVATORIO DI MUSICA «NICCOLÒ PICCINNI»
BARI

Ministero dell'Istruzione, dell'Università e della Ricerca
Alta Formazione Artistica e Musicale

MINIMUM REQUIREMENTS FOR THE TEACHING PROGRAMME

Name of the teacher: _____

Sending Institution: **CONSERVATORIO DI MUSICA "NICCOLÒ PICCINNI" di Bari**

Country: **ITALY**

Erasmus code: **I BARI03**

Erasmus ECU No:

Contact person from the home Institution: Marco Mancini (erasmus@conservatoriopiccinni.it)

Receiving Institution: _____

Erasmus Code: _____ Erasmus ECU No: _____

Name of the contact person from the host Institution: _____

Signature:

Subject area: _____ Level Undergraduate __ Postgraduate __

Numbers of students: _____ Numbers 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 the students concerned):

Teacher signature: _____ Date: _____

SENDING INSTITUTION:

We confirm that the proposed teaching program is approved.

Coordinator signature: _____

Date: _____

Stamp:

RECEIVING INSTITUTION:

We confirm that the proposed teaching program is approved.

Coordinator signature: _____

Date: _____

Stamp: