RESEARCH PLAN

ACADEMIC YEAR 20      /20      - FIELD OF STUDY:

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| Name of scholar:  Home institution:       Country: |

DETAILS OF THE PROPOSED RESEARCH PLAN

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| Host institution:  Country: |

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| Description of planned research activities (1000-2000 words): |

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| Scholar’s signature:    Date: |

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| SENDING INSTITUTION  We confirm that the proposed research plan is approved. | |
| Coordinator at Faculty/Department Level:    Signature:  Date: | Contact Person for Erasmus Mundus – HERMES (if applicable.):    Signature:  Date: |

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| RECEIVING INSTITUTION  We confirm that the proposed research plan is approved. | |
| Coordinator at Faculty/Department Level:    Signature:  Date: | Contact Person for Erasmus Mundus – HERMES:    Signature:  Date: |