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