**TEACHER MOBILITY REPORT FORM**

|  |  |
| --- | --- |
| Name: |  |
| Academic year: |  |
| Home institution: |  |
| Main specialty: |  |
| Host institution: |  |
| Exchange period (dates): |  |
| Contact person at host institution: |  |
| Hours of tuition: |  |

|  |  |
| --- | --- |
| Form of tuition: | Individual tuition  Group/ Class tuition  Master class  Lecture |
| Language of tuition: |  |
| Level of tuition | Bachelor  Master |
| Number of students: |  |
| Was the tuition a part of the students' ordinary study programme? | Yes  No |
| Academic evaluation: |  |
| Describe the plans for further development of the collaboration |  |
| How would you evaluate the practical arrangements related to the exchange? |  |
| How do you evaluate teacher mobility as a method of inviting guest lecturers? |  |
| Are you interested in participating in exchanges in the future? If not, why? |  |

Please forward this report to the international office of your institution after the exchange!