**Information for Online Learning Agreement**

**Receiving Institution Information**

* **Country**: Greece
* **Name:** PANEPISTIMIO THESSALIAS
* **Faculty/Department:**
* **Address:** Volos
* **Erasmus Code:** G VOLOS01
* **Receiving Responsible Person**

**Name:**

**Last Name**:

**Position:** Departmental Coordinator

**Email**:

**Phone number**:

* **Receiving Administrative Contact Person**

**Name**:

**Last Name**:

**Position**: Administrative Coordinator

**Email**:

**Phone number**:

**Proposed Mobility Programme**

* **Planned start of the mobility**:
* **Planned end of the mobility**:
* **The main language of instruction at the Receiving Institution**:
* **The level of language competence**:
* **Component title or description at the Receiving Institution**:
* **Component Code**:
* **Number of ECTS credits to be recognized by the Sending Institution**:
* **Short description of the virtual component**: