



GENERAL INFORMATION

The Teacher

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Seniority ¹	Nationality ²
First name(s) /Last name(s)		
Academic year (20../20..)		
Email		

The Sending Institution/ Enterprise

Name	
Department/Unit	
Size of the Enterprise ³	
Erasmus code	
Address	
Country/ Country Code ⁴	
Type of Enterprise: NACE code ⁵	
Contact person name	Email; Phone

The Receiving Institution

Name	
Department/ Unit	
Size of enterprise ⁴	Type of Enterprise: NACE code ⁵
Erasmus code	
Address	
Country	
Contact person name and Position	Email; Phone

For guidelines, please look at the end notes on page 3.

SECTION TO BE COMPLETED BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the teaching activity: from [day/month/year] _____

till [day/month/year] _____

Additional day for travel needed directly before the first day of the activity abroad



Erasmus+

Additional day for travel needed directly following the last day of the activity abroad

Subject field⁶:

Level: Short cycle (EQF level 5) ; Bachelor or equivalent first cycle (EQF level 6) ; Master or equivalent second cycle (EQF level 7) ; Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme:

Number of teaching hours:

Overall objectives of the mobility:

Added value of the mobility (both for the institutions involved and for the teacher):

Content of the teaching programme:

Expected outcomes and impact (not limited to the number of students concerned):



II. COMMITMENT OF THE THREE PARTIES

By signing⁷ this document, the teacher, the sending institution/enterprise and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the teacher.

The teacher will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The teacher

Name	Email
Date and Signature	

The Sending institution/enterprise

Name of the responsible person
Date and Signature

The Receiving Institution

Name of the responsible person
Date and Signature

¹**Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

²**Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

³**Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁴**Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

⁵ **The top-level NACE-Codes available at**
http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁶**The ISCED-F 2013 search tool available at :**

http://ec.europa.eu/education/tools/isced-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is to the subject taught.

⁷Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.