**Mobility Agreement**

**Staff Mobility For Teaching**

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

Duration (days) – excluding travel days: ………………….

|  |
| --- |
| Additional day for travel needed directly before the first day of the activity abroad  Additional day for travel needed directly following the last day of the activity abroad |

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority[[1]](#endnote-2) |  | Nationality |  |
| Gender [Male/ Female/Undefined] |  | Academic year |  |
| Email |  | Dept. or Unit |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Universität Trier** | | |
| Erasmus code  (if applicable) | **D TRIER01** | Faculty/Department |  |
| Address | Universitätsring 15  54296 Trier | Country/ Country code | **Germany/ DE** |
| Contact person  name and position | Birgit Roser  ERASMUS Institutional  Coordinator | Contact person  e-mail / phone  [erasmus-ic@uni-trier.de](mailto:erasmus-ic@uni-trier.de)  +49 651 201 2807 |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Erasmus code  (if applicable) |  |
| Address |  | Country/ Country code |  |
| Contact person name and position |  | Contact person e-mail / phone |  |

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

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Main subject field:**  *(The* [*ISCED-F 2013 search tool*](http://ec.europa.eu/education/tools/isced-f_en.htm) *available at* [*http://ec.europa.eu/education/tools/isced-f\_en.htm*](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.)* | | | | | |
| code number |  | name of field | |  | |
| 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 (minmum 8 hrs/week): | | | | |  |
| Language of Instruction: | | |  | | |

|  |
| --- |
| **Overall objectives of the mobility:** |

|  |
| --- |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):** |

**II. COMMITMENT OF THE PARTIES**

By signing[[2]](#endnote-3) this document, the teaching staff member, 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 teaching staff member.

The teaching staff member 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 teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The teaching staff member**  Name:  Signature: Date: |

|  |
| --- |
| **The sending institution**  **The sending institution**  Name of the Departmental Coordinator:  Date: Signature:  ERASMUS+ Institutional Coordinator: **Birgit Roser**  Date: Signature: |

|  |
| --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: |

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

   [↑](#endnote-ref-2)
2. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution. [↑](#endnote-ref-3)