



# ERASMUS+ STAFF MOBILITY FOR TRAINING (STT) MOBILITY AGREEMENT<sup>1</sup>

### The Staff Member

Last name (s)	First name (s)	
Seniority <sup>2</sup>	Nationality <sup>3</sup>	
Sex [M/F/Undefined]	Dept. or Unit	
E-mail	Academic year	2025/2026

## The Sending Institution

Name Erasmus code	Universität Trier D TRIER01	Department	International Office
Address	Universitätsring 15	Country/	Germany
	54296 Trier	Country code <sup>4</sup>	DE
Contact person name and position	Birgit Roser   ERASMUS	Contact person	<u>erasmus-ic@uni-trier.de</u>
	Institutional Coordinator	e-mail / phone	+49 651 201 2807

## The Receiving Institution/ Enterprise

Name			
Erasmus code (for universities)		Faculty/Department/ ι	
Address		Country/ Country code <sup>3</sup>	
Contact person name and position		Contact person e-mail / phone	
Size of enterprise (fo	r enterprises)	□<250 employees	□>250 employees

<sup>&</sup>lt;sup>1</sup> In case the mobility combines teaching and training activities, **the mobility agreement for teaching template** should be used and adjusted to fit both activity types

<sup>&</sup>lt;sup>2</sup> **Seniority:** Junior (< approx..10 years of experience), Intermediate (> 10 and < 20 years) or Senior ( > 20 years)

<sup>3</sup> Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>&</sup>lt;sup>4</sup> Country code: ISO 3166-2 country codes available at: <a href="https://www.iso.org/obp/ui/#search">https://www.iso.org/obp/ui/#search</a>.





Planned period of the p	hysical traini	ng acti	ivity (excluding t	ravel days):	
Stay at host institution from	(day/month/year)	to	(day/month/year)	Duration (days including weekend)	
Is the mobility a part of	a blended m	obility	programme?	] Yes □ No	
If applicable, planned period of virtual training activity	(day/month/year)	to	(day/month/year)	Duration (days including weekend)	
I. PROPOSED MOBILITY	PROGRAMM	IE			
Category of Staff	Administratio	on 🗌 Ac	ademic Staff 🔲 Inte	rnational Office 🗌 Othe	r
Language of Training:					
	L-1124				
Overall objectives of the mo	bility:				
Training activity to develop	pedagogical an	d/or cu	rriculum design skills	s:	
Yes No					
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved)					





Activities carried out (or content of the training programme (including the virtual component, if applicable):
Please add a detailed workplan of the training activity.
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):





### II. COMMITMENT OF THE THREE PARTIES

By signing this document, the staff member, the sending institution and the receiving institution/enterprise 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 staff member.

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

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

Name:  Signature: Date:  The receiving institution/enterprise Name of the responsible person:  Signature: Date:  The sending institution Name of the responsible person: Birgit Roser, ERASMUS Institutional Coordinator  Signature: Date:	The staff member				
The receiving institution/enterprise Name of the responsible person:  Signature: Date:  The sending institution Name of the responsible person: Birgit Roser, ERASMUS Institutional Coordinator	Name:				
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Signature:  The sending institution  Name of the responsible person: Birgit Roser, ERASMUS Institutional Coordinator					
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Name of the responsible person: Birgit Roser, ERASMUS Institutional Coordinator					
	The sending institution				
Signature: Date:	Name of the responsible person: Birgit Roser, ERASMUS Institutional Coordinator				
Signature: Date:					
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	Signature:	Date:			