Anexa nr. 2

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Higher Education: Mobility Agreement form Participant's name

	Mobility Agreement	
St	aff Mobility For Teach	ing¹
Planned period of the t	eaching activity: from [day/month/year] till	[day/month/year]
Duration (days) – excl	uding travel days:	
The teaching s	taff member	
Last name (s)	First name (s)	
Seniority ²	Nationality ³	
Sex[<i>M/F</i>]	Academic year	20/20
E-mail	•	
The Sending II	nstitution/Enterprise ⁴	
Erasmus code ⁵ (if applicable)	Faculty/Department	
Address	Country/ Country code ⁶	
Contact person name and position	Contact person e-mail / phone	
Type of enterprise:	Size of enterprise (if applicable)	□<250 employees □>250 employees
1	<u>'</u>	

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

internationalisation strategies of the institutions involved):

Content of the teaching programme:	
content of the teaching programme.	

L		
- -	Expected outcomes and impact (e.g the teaching staff member and on the institutions):	. on the professional development of he competences of students at both
By sig	COMMITMENT OF THE THREE PARTION of this document, the teaching staff member, ution confirm that they approve the proposed molecular confirmation confi	the sending institution/enterprise and the receiving
The s interr	sending higher education institution supports the s	, ,
	eaching staff member will share his/her experience lopment and on the sending higher education insti	
	eaching staff member and the beneficiary institution to the signed between them.	on commit to the requirements set out in the grant
	eaching staff member and the receiving institution ems or changes regarding the proposed mobility p	n will communicate to the sending institution/enterprise a programme or mobility period.
7	The teaching staff member	
ľ	Name:	
٥	Signature:	Date:
7	The sending institution/enterprise	
	Name of the responsible person:	
5	Signature:	Date:
Γ.	The receiving institution	
ı	_	
	Name of the responsible person:	

In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.

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

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

All references to **"enterprise"** are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

Erasmus Code: A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

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

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.

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.