STAFF MOBILITY FOR TEACHING MOBILITY AGREEMENT

**Teaching Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | | |
| First name |  | | |
| Gender | ☐ M ☐ F | Nationality1 |  |
| Seniority2 | * Junior ☐ Intermediate ☐ Senior | | |
| Department/Unit |  | | |
| Position |  | | |
| E-mail |  | Phone |  |

**Receiving Institution**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Università degli Studi di Sassari | | | | | |
| Address | Piazza Università 21, 07100 Sassari | | | | | |
| Country | Italy | Country code | | IT | Erasmus Code5 | I SASSARI01 |
| Responsible person3: | | | | | | |
| Department/Unit |  | | | | | |
| Name |  | | Position | |  | |
| E-mail |  | | Phone | |  | |
| Contact person4: | | | | | | |
| Office | Mobility and International Relations Office | | | | | |
| Name | Savio Regaglia | | Position | | Head of Mobility and International Relations Office | |
| E-mail | relint@uniss.it | | Phone | | +39.079229757 | |

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

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

3 The person in the sending or receiving Department/Unit that can authorize the mobility activity, normally the Head of Department/Unit

4 The person in the Erasmus+ office or other administration office in charge of the Erasmus+ project

5 If available

1. **PROPOSED MOBILITY PROGRAMME**

Planned period of the training activity (not included travel days):

|  |  |
| --- | --- |
| From (day/month/year): |  |
| Till (day/month/year): |  |
| Duration6 (days): |  |

Main subject field7: ………………………………………………………............................................................................ Level (select the main one):

* + 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: …………

Language of instruction: …………………............................…

* + Teaching activity combined with a training activity

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| **Overall objectives of the mobility:** |
| **Added value in the context of the modernisation and internationalisation strategies of the institutions:** |
| **Content of the teaching programme:** |
| **Expected outcomes and impact on the professional development of the staff member and on both institutions:** |

6 Minimum duration of the activity: 2 days for mobility to Programme Countries; 5 days for mobility to Partner Countries.

7 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.

1. **COMMITMENT OF THE THREE PARTIES**

By signing8 this document, the staff member, the sending institution 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 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 receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

**The teaching staff member**

Name: ............................................................................................................................................................................

Signature: ...............................................................................................

Date: ...................................................

**The sending institution**

Name of the responsible person: ...................................................................................................................................

Department/Unit: ............................................................................................................................................................

Signature: ...............................................................................................

Date: ...................................................

**The receiving institution**

Name of the responsible person: ...................................................................................................................................

Department/Unit:.............................................................................................................................................................

Signature: ...............................................................................................

Date: ...................................................

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|  |

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