**STAFF MOBILITY FOR TEACHING**

**MOBILITY AGREEMENT**

**The Teaching Staff Member**

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| --- | --- | --- | --- |
| Last name  |  | First name  |  |
| Date of Birth  |  | Sex [*M/F*] |  |
| Passport Nr. and date of issue / Personal ID |  | Tel:  |  |
| E-mail |  |

**Selected Receiving Institution**

|  |  |
| --- | --- |
| Name of University u are you are apllying for |  |

**PROPOSED MOBILITY PROGRAMME**

**Name of selected course for teaching:**

Level (select the main one): Bachelor or equivalent first cycle ☐; Master or equivalent second cycle ☐; Doctoral or equivalent third cycle ☐.

Number of teaching hours: **8**

Language of instruction: **English** (Italian Lenguge applyes only to Tuscia university)

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

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

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

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

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| **The Teaching Staff Member**Name: Signature: Date:  |