ERASMUS+ Mobility Agreement «Stays.custom.customfield604» Academic Year

Participant

Last name	First name	
Titel	Sex	
Seniority	Nationality	
E-Mail-Address	Telefon	

Sending Institution / Enterprise

Name	University of Münster		Erasmus code (if applicable)	D MUNSTER01
Size of enterprise (if applicable)		>250 employees	Work field	
Faculty/Department				
Address – Country - Country code				
Contact person - name and position				
Contact person – e-mail / phone				
Type of enterprise:			NACE code (if applicable)	

Receiving Institution/Enterprise

Name	«stay.institution»		Erasmus code (if applicable)	«sta	y.institution_erasmus_code»		
Size of enterprise (if applicable)		□<250 employees		□>250 en	□>250 employees		
Faculty/Department		«stay.	sub_institution»				
Address							
Country/ Country code							
Contact person - name and position							
Contact person – e-mail / phone							
Type of enterprise:				NACE code (if applic	able)		



Duration (days) -

excluding travel

days

from

Planned period of the

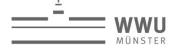
teaching activity

[working days]:

Section to be completed BEFORE THE MOBILITY I. PROPOSED MOBILITY PROGRAMME

Language of instruction:								
Teaching subject:								
Purpose of stay (STT):								
Combination STA / STT	hours	ST	A	hou	rs	STT		
Lavel Alice			No web as of students at the association is stitution					
Level /Niveau: Bachelor or equivalent first cycle			Number of students at the receiving institution benefiting from the teaching programme					
Master or equivalent second cy	cle		Number of teach	ning hours				
Doctoral or equivalent third cycle	е		Number of teach	IIIIg Hours				
Must be filled out for all mobilities (STA, STT, OS)								
Overall objectives of the mobilit	y:							
Content of the teaching program	nme / Activities	to be	e carried out:					
Added value of the mobility (in the institutions involved):	he context of th	ne mo	dernisation and	internation	alis	ation strategies of		
,								
Expected outcomes and impact (e.g. on the professional development of the teaching staff member								
and on the competences of students at both institutions):								

till



II. COMMITMENT OF THE THREE PARTIES

By signing 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.

Participant	Name: «person.title» «person.first_name» «person.surname»
City, Date	Signature
-	
The sending institution Name of the responsible person: [Departmental Coordinator]	University of Münster
Münster, den	
City, Date	Signature
The receiving institution/enterprise Name of the responsible person:	«stay.institution»
City, Date	Signature

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).

