



STAFF MOBILITY FOR TEACHING MOBILITY AGREEMENT

The Teacher

Last name:	
First name and all initials:	
Seniority ¹	
Date of birth:/...../.....	
Gender: M / F	Nationality:
Academic Year: 20...../ 20.....	
E-mail	
Department/unit:	

The Sending Institution/Enterprise

Name of home institution:	
EUC number of home institution:	
Erasmus Identity Code of home institution:	
Address:	
Country:	
Responsible person in the sending institution	
Name:	Function:
E-mail address:	Telephone number:

The Receiving Institution

Name of host institution: EASDI. Escuela de Arte y Superior de Diseño de Corella	
Erasmus Identity Code of host institution: E LOGRONO19	
Address: SANTA BÁRBARA 2, 31591 CORELLA. NAVARRA	
Country: SPAIN	
Department/unit: Graphic Design	
Responsible person in the receiving institution:	
Name: Prof. Laura Sáez Ponzoni	Function: Head of Internacional affairs
E-mail: eacorell-a.internacional@educacion.navarra.es	Telephone nº: +34 948 782 016



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the teaching activity: from [day/month/year] till [day/month/year]

Duration (days):

Additional day for travel needed directly before the first day of the activity abroad

Additional day for travel needed directly following the last day of the activity abroad

Subject field²:

Level: 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:

Overall objectives of the mobility:

Added value of the mobility (both for the institutions involved and for the teacher):

Content of the teaching programme:

Expected outcomes and impact (not limited to the number of students concerned):



II. COMMITMENT OF THE THREE PARTIES

By signing³ this document, the teacher, 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 teacher.

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

<p>The teacher</p> <p>Name:</p> <p>Signature: _____ Date: _____</p>
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<p>The sending institution/enterprise</p> <p>Name of the responsible person:</p> <p>Signature: _____ Date: _____</p>

<p>The receiving institution</p> <p>Name of the responsible person:</p> <p>Signature: _____ Date: _____</p>
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¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

² The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) 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 that is to the subject taught.

³ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.



PART 2: Section to be completed AFTER THE MOBILITY

STATEMENT TEACHING ASSIGNMENT

The undersigned hereby declares that the below-mentioned teacher participated in a teaching assignment at:

Name host institution:.....

Erasmus ID code host institution:.....

Contact person host institution:.....

Name teacher:.....

Name home institution/enterprise.....

Erasmus ID code home institution:.....

Name department home institution:.....

Contact person home institution/enterprise:.....

Teaching assignment, number of days (including travel).....

Number of teaching hours.....

Over the period.....

SIGNATURE

On behalf of the host institution,

The teacher,

Date:.....

Date:.....

Place:

Place:

Signature:

Signature: