

Allegato 2 - Overseas Mobility Agreement – Teaching Staff

Planned period of the mobility (travel days included):

from [day/month/year]_____

till [day/month/year]_____

Planned period of the teaching/training activity (travel days excluded):

from [day/month/year]_____

till [day/month/year]_____

The Teaching Staff Member

Last name (s)		First name (s)	
E-mail			
Department			

The Receiving Institution

Name of Receiving Institution			
Country			
City			
Name of receiving Department/Faculty			
Contact person, name and position at receiving Institution		Contact person e-mail / phone	

Proposed mobility programme

Overall objectives of the mobility:

Expected impact on the professional development of the teaching staff member and motivations, added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Content of the teaching/training/activity programme:

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

The teaching staff member

Name:

Signature:

Date:

The sending institution

Name of the responsible person (**DIRETTORE DIPARTIMENTO**):

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date: