

INSTRUCTIONS FOR COMPLETING THE MOBILITY AGREEMENT

Mobility Agreement for Teaching:

Date: cover 5 or fewer working days

Receiving Institution: include all requested data (name of the University, Erasmus code, address, contact person etc.)

Main subject field: please use four-digit ISCED codes

https://ec.europa.eu/assets/eac/education/tools/iscedf/codes_en.htm

Level: please indicate only one level

Number of students: mandatory, please provide an approximate number of students

Number of teaching hours: minimum 8 hours

Language of instruction: mandatory

Mobility Agreement for Training:

Date: cover 5 or fewer working days

Receiving Institution: include all requested data (name of the University, Erasmus code, address, contact person etc.)

Language of instruction: compulsory

Please complete the work plan with activities specific to your field of work.

The signatures required are:

- The staff member: Name and signature of the applicant
- The sending Institution/Enterprise
Name of the responsible person: The direct supervisor of the applicant
- The Receiving Institution
Name of the responsible person: Signature from the Receiving Institution