

Mobility Agreement – Completion Guide

The Mobility Agreement can be submitted either on paper or online via the following website: <https://ipc.sze.hu/pannonia-osztondij-szerzodes-koteshez-szukseges-dokumentumok-feltoltese-2025-26-1>

Types of Student Mobility Agreement:

- **Before the Mobility MA:** This document must be completed first, as it is submitted before the mobility. It should indicate the work tasks to be carried out abroad, the planned mobility period, etc.
- **Exceptional changes to the Mobility Agreement:** This is to be completed if changes need to be made to the original “Before the Mobility MA” during the mobility (e.g., change of subjects, extension).

Completing the Before the Mobility Agreement:

Please make sure to complete **all** parts of the Mobility Agreement.

1. GENERAL INFORMATION

General information

Student	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female]	Level of education (EQF level) ²	Field of education ³ (ISCED code)
Sending Institution	Name		Faculty/ Department	City	Country	Contact person ⁴ name; position; email	
Receiving Institution/ Organisation	Name		Faculty/ Department	City	Country	Contact person ⁵ name; position; email	

1.1 Student details

1.2 Sending institution (SZE) details:

Name: *Széchenyi István University*

Erasmus Code: *HU GYOR01*

Country Code: *HU*

Address: Hungary, *9026 Győr, Egyetem tér 1.*

Faculty: *name of the faculty where you study*

Contact Person name: *Nagy Ildikó*

Contact Person e-mail, phone: exchange@sze.hu ; +36 96 613 560

1.3 Receiving institution details

2. TABLE A

2.1 List of work tasks to be carried out abroad

Before the mobility

Table A - Mobility Programme at the Receiving Institution/Organisation	
Planned period of the mobility: from [day (optional)/month/year] to [day (optional)/month/year]	
Type of mobility:	<div style="display: flex; justify-content: space-between;"> Traineeship <input type="checkbox"/> Research <input type="checkbox"/> </div>
Traineeship title:	Research title/goal:
Number of working hours per week:	
Detailed programme of the mobility:	
Knowledge, skills and competences to be acquired by the end of the mobility (expected learning outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence ^a in _____ [indicate here the main language of work/research] that the student already has or agrees to acquire by the start of the mobility period is: <div style="text-align: center; margin-top: 5px;"> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/> </div>	

The section of “Table A” relating to professional traineeship tasks will be completed by the receiving company.

The following sections should be completed by the student:

2.2 Planned mobility period

The planned mobility period must be entered with **exact start and end dates**. The scholarship agreement will be concluded for this period.

At the end of your mobility, the period confirmed by the receiving company will be used to recalculate the scholarship amount due for the exact number of days completed.

If the confirmed period is shorter than the period stated in the scholarship agreement, you may be required to repay part or all of the scholarship.

For this reason, before completing the Mobility Agreement, it is advisable to check with the receiving company which mobility period they are likely to confirm.

2.3 Language of the mobility

At the bottom of “Table A” you must indicate the language in which the work will be carried out and specify your proficiency level in that language.

3. TABLE B

Table B - Sending Institution	
Please use only one of the following three boxes:*	
1. The traineeship/research is embedded in the curriculum and upon satisfactory completion of the mobility, the institution undertakes to:	
Award ECTS credits (or equivalent) ⁸	Give a grade based on: Traineeship/Research certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the mobility in the student's Transcript of Records and Diploma Supplement (or equivalent).	
2. The traineeship/research is voluntary and, upon satisfactory completion of the mobility, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship/Research certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the mobility in the student's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the mobility in the student's Diploma Supplement (or equivalent).	
3. The traineeship is carried out by a recent graduate and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Accident insurance for the student (applicable only in case of traineeship)	
The sending institution will provide an accident insurance to the trainee (if not provided by the Receiving Institution/Organisation): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The sending institution will provide a liability insurance to the trainee (if not provided by the Receiving Institution/Organisation): Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please indicate the nature of the professional traineeship:

- 1. Can be recognised as part of your studies
- 2. Voluntary
- 3. Post graduation

Please select **only one type** and mark it with an **X**, leaving the other fields blank.

3.1 Accident insurance for the student

The sending institution (SZE) does not arrange insurance for students, so please select "NO" in this section.

4. TABLE C

Table C - Receiving Institution/Organisation (applicable only in case of traineeship)	
The Receiving Institution/Organisation will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month): <u> </u>
The Receiving Institution/Organisation will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
The Receiving Institution/Organisation will provide an accident insurance to the trainee (if not provided by <u>the sending</u> institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Institution/Organisation will provide a liability insurance to the trainee (if not provided by the sending institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Institution/Organisation will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Receiving Institution/Organisation undertakes to issue a traineeship certificate within 5 weeks after the end of the traineeship.	

In **Table C**, the company must declare whether it will provide insurance for the student during the traineeship.

If the receiving company does not provide insurance, the student is required to arrange insurance for the period of the scholarship mobility.

For professional traineeships, in addition to the European Health Insurance Card (which provides the same healthcare services as those available to citizens of the host country) and the recommended health, accident, and baggage insurance, **liability insurance is also required** (if not provided by the receiving institution). This covers potential damages occurring during work activities.

Several insurance companies offer services for students on scholarships abroad. Students may choose freely, but it is important to review and compare available offers carefully before deciding.

5. SIGNATURES

By signing this document, the student, the sending institution and the receiving institution or organisation confirm that they approve the learning agreement and that they will comply with all the arrangements agreed by all parties. The student and the receiving institution or organisation will communicate to the sending institution any problem or changes regarding the mobility period.					
Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person ⁹ at the sending institution					
Responsible person ¹⁰ at the receiving institution/organisation					

The document must first be signed by the student.

It should then be forwarded to the departmental coordinator at the sending institution (Responsible Person at the Sending Institution) for review and signature, and finally to the receiving institution's coordinator (Responsible Person at the Receiving Institution).

Once all three signatures are obtained, the document must be submitted in person to the International Office or uploaded to the following website:

<https://ipc.sze.hu/pannonia-osztondij-szerzodes-koteshez-szukseges-dokumentumok-feltoltese-2025-26-1>

6. MOBILITÁS ALATT

If any questions, uncertainties, or unforeseen situations arise during the mobility, please notify us as soon as possible (exchange@sze.hu) so that we are aware of the circumstances and can take the necessary action.

If any changes occur (e.g., extension), the **Mobility Agreement – During the Mobility** section must be completed and signed by both the receiving and sending institutions.

During the Mobility

<i>Table A2 - Exceptional Changes to the Mobility Programme at the Receiving Institution/Organisation</i>	
<small>(to be approved by e-mail or signature by the student, the responsible person in the sending institution and the responsible person in the receiving institution or organisation)</small>	
Planned period of the mobility: from [day (optional)/month/year] till [day (optional)/month/year]	
Type of mobility: Traineeship <input type="checkbox"/>	Research <input type="checkbox"/>
Traineeship title:	Research goal/title:
Number of working hours per week:	
Detailed programme of the mobility period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):	
Monitoring plan:	
Evaluation plan:	

In the event of **force majeure** (unavoidable external causes such as natural disasters, health emergencies, political conflicts, etc.), a detailed written explanation must be submitted. This will be forwarded to the scholarship provider for review, who may request additional documents and decide, based on the evidence, to waive the repayment partially or entirely if the force majeure situation is accepted.

7. AFTER THE MOBILITY

To close the mobility, the **After the Mobility** section of the Mobility Agreement must be completed. The receiving institution fills in this section, summarizing information about the completion of the mobility.

The signature of the receiving institution is required for submission

After the Mobility

[applicable only in case of traineeship]¹¹

<i>Table D – Traineeship Certificate by the Receiving Institution/Organisation</i>	
Name of the student:	
Name of the Receiving Institution/Organisation:	
Sector of the Receiving Institution/Organisation:	
Address of the Receiving Institution/Organisation [street, city, country, e-mail address], website:	
Start date and end date of the complete mobility: from [day/month/year] to [day/month/year]	
Traineeship title:	
Detailed programme of the mobility period including tasks carried out by the student:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):	
Evaluation of the student:	
Date:	
Name and signature of the responsible person at the Receiving Institution/Organisation:	