**ACADEMIC STAFF TEACHING MOBILITY**

 **APPLICATION FORM**

**The Teaching Staff Member**

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| --- | --- | --- | --- |
| Last name  |  | First name  |  |
| Date of Birth  |  | Sex [*M/F*] |  |
| Passport Nr. and date of issue / Personal ID |  | Tel:  |  |
| E-mail |  |

**Selected Receiving Institution**

|  |  |
| --- | --- |
| Name of University u are you are apllying for |  |

**PROPOSED MOBILITY PROGRAMME**

**Name of selected course for teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Language of instruction: **English**

Proof of language proficiency (B2) ☐ (International certificate, Internal test result)

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| **Overall aims of the mobility:** |

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| **Content of the teaching programme (List of topics) :** |

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| **The Teaching Staff Member:**Name: Signature: Date:  |