

Family name







PNRR M4 C1 INV.3.4 SUB-INV.T4 INIZIATIVE EDUCATIVE TRANSANZIONALI – TNE D.D. n. 167 del 03/10/2023 Mobilità individuale nell'istruzione superiore (TNE docenti)

TEACHING MOBILITY AGREEMENT

Staff Member

Given name				
Gender	□ M	□F	Nationality	
Department/Unit				
Position / Role / Main job				
E-mail			Phone	
Sending Institution				
Name				
City			Country	
Department/Unit				
Responsible perso	n¹:			
Name			Position	
E-mail			Phone	
Contact for administration ² :				
Office				
Name			Position	
E-mail			Phone	
Receiving Institution				
Name				
City			Country	
Department/Unit				
Responsible perso	n¹:			
Name			Position	
E-mail			Phone	
Contact for the ac	ctivity³:			
Name			Position	
E-mail			Phone	
Contact for administration ² :				
Name			Position	
E-mail			Phone	

¹ The person who can authorize the mobility activity, normally the Head of Department/Unit

² The person in the international office or other administration office in charge of international mobility

³ The person in the receiving Department/Unit who will host the mobility activity

	Planned period of activity
First day of activity	
Last day of activity	
Duration (number of days)	
of departure from it and the corresponding	activity not including travel days, i.e. the date of arrival at the receiving university, the date duration. Weekends or other festivities must be counted for the activity duration. Duration months. Activity must be continuous and suspension periods are not allowed.
	Teaching activity
Discipline Area	
Course title or topic	
Number of hours of teaching	
Level (select the main one)	 □ Bachelor or equivalent first cycle (EQF 6) □ Master or equivalent second cycle (EQF 7) □ Doctoral or equivalent third cycle (EQF 8)
Language of instruction	
- 300 3 00 - 100	
	Objectives of the mobility
	ionalization and at transfering interdisciplinary and intercultural all educational programs, describe the objectives of the mobility in the TNE project
By signing ⁴ this document, the thr	ee parties approve the proposed mobility agreement.
The Staff Member	
Name:	Data
Signature:	Date:
The Sending Institution Name of the responsible person ⁵ Signature:	Date:
The Receiving Institution Name of the responsible personsignature:	: Date:

 ⁴ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures are accepted.
 5 Responsible person detailed on page 1