

The Teacher

Last name (s)		First name (s)	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Seniority		Academic year	
Phone		E-mail	
First mobility funded from the Erasmus program			<input type="checkbox"/> Yes <input type="checkbox"/> No

The Sending Institution

Name	Universität Ulm	Faculty	
Erasmus code	D ULM01	Department/Institute	
Address	International Office Albert-Einstein-Allee 5, 89069 Ulm	Country / Country code	Germany / DE
Contact person name	Dr. Sabine Habermalz	Contact person position	Erasmus+ Institutional Coordinator
Contact person phone	++49-731-50 22 0 46	Contact person e-mail	sabine.habermalz@uni-ulm.de

The Receiving Institution

Name		Faculty / School	
Erasmus code		Department / Unit	
Address		Country / Country code	
Contact person name		Contact person position	
Contact person phone		Contact person e-mail	

Teacher:	Receiving Institution:
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I. PROPOSED MOBILITY PROGRAMME

First day of teaching	<i>[DD/MM/YYYY]</i>	Additional day for travel needed directly before the first day of the activity abroad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last day of teaching	<i>[DD/MM/YYYY]</i>	Additional day for travel needed directly following the last day of the activity abroad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language of instruction		Duration teaching period <i>[Number of days, including first and last day of teaching / excluding travel days]</i>	
Subject field:		Number of teaching hours: <i>[Min. 8 hrs./week (or shorter duration)]</i>	
Level of students:		Number of students at the receiving institution benefiting from the teaching programme:	

Overall objectives of the mobility:

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Content of the teaching programme:

Teacher:**Receiving Institution:****Expected outcomes and impact (e.g. the professional development of the teacher and/or the competences of students at both institutions):****II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the teacher, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the teacher.

The teacher will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The teacher and the sending institution commit to the requirements set out in the grant agreement signed between them.

The teacher and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

The teacher

Date: _____

The sending institution

Date: _____

The receiving institution

Date: _____

Teacher's signature_____
Departmental Coordinator's signature / stamp_____
Responsible person's signature / stamp