



**Staff Mobility for Teaching (STA)  
Invited Staff from Enterprises  
Mobility Agreement**

**The Teacher**

Last name:		First name:	
Sex:	male      female	Nationality:	
Seniority:		Academic year:	
Phone:		E-Mail:	

**The Sending Institution**

Name:			
Address:			
Country:			
Contact person name:		Contact person position:	
Contact person phone:		Contact person e-mail:	

**The Receiving Institution**

Name:			
ERASMUS Code:		Faculty:	
Address:		Country:	
Contact person name:		Contact person position:	
Contact person phone:		Contact person e-mail:	

## I. Proposed Mobility Programme

First day of teaching:		Number of teaching days:	
Last day of teaching:		Number of teaching hours:	
Subject field:		Language of instruction:	
Level of students (choose the main one):		Number of students 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 and, if applicable, of the training programme:**

**Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):**

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**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 for others.

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

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

<b>The teacher</b>	Signature:		Date:	
Name of responsible person at <b>sending institution</b> :		Signature:		Date:
Name of responsible person at <b>receiving institution</b> :		Signature:	_____	Date: _____

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Note, please: RWU is obliged to enter data related to the lecturer and the mobility into „Mobility Tool“, the EU database for the ERASMUS+ program.