



STAFF MOBILITY FOR TEACHING MOBILITY AGREEMENT

Planned period of the teaching activity: from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name		First name	
Seniority ¹		Nationality ²	Italian
Sex		Academic year	2016/2017
E-mail			

The Sending Institution

Name	Rome University of Fine Arts	Size of enterprise (if applicable) Department/unit	
Erasmus code (if applicable)	I ROMA 25		
Address	Via Benaco 2	Country/ Country code	Italy
Contact person name and position		Contact person e-mail / phone	erasmus@unirufa.it +39 06 85865917

The Receiving Institution

Name		Size of enterprise ³ (if applicable)	
Erasmus code (if applicable)		Department/unit	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	

For guidelines, please look at the end notes on page 3.



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

PROPOSED MOBILITY PROGRAMME

Main subject field⁴:

Level (select the main one): Short cycle (EQF level 5) ; Bachelor or equivalent first cycle (EQF level 6) ; Master or equivalent second cycle (EQF level 7) ; Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme:

Number of teaching hours:

Language of instruction:

Overall objectives of the mobility:
Added value of the mobility (both for the institutions involved and for the staff member):
Activities to be carried out:
Expected outcomes and impact:



II. COMMITMENT OF THE THREE PARTIES

By signing⁵ this document, the staff member, the sending institution and the receiving institution/enterprise 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 staff member.

The staff member 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 staff member and receiving institution/enterprise will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

The staff member

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

³ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁴ The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) (available at http://ec.europa.eu/education/tools/isced-f_en.htm) should be used to find the ISCED 2013 detailed field of education and training.

⁵ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.