MOBILITY PARTICIPATION QUESTIONNAIRE

Full name and surname:

Title (function held at the University):

Teaching/Research/Working Area:

Please indicate the type of mobility:

- ☐ Staff mobility for teaching
- ☐ Staff mobility for training

Country/HEI where mobility is expected to be realized:

Please define mobility period:

Please briefly justify your participation in the mobility program (in narrative form, not longer than several sentences):

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