

 Erasmus+	Higher Education: Erasmus+ Mobility Agreement form Participant's name
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Erasmus+ Mobility Agreement Staff Mobility For Teaching¹

Planned period of the physical mobility: from [day/month/year] to [day/month/year]

Duration of physical mobility (days) – excluding travel days:

If applicable, planned period of the virtual component: from [day/month/year] to [day/month/year]

The teaching staff member

Last name (s)		First name (s)	
Seniority ²		Nationality ³	
Sex [M/F/Undefined]		Academic year	20../20..
E-mail			

The Sending Organisation

Name	"Ion Creanga" State Pedagogical University of Chisinau		
Erasmus code ⁴ (if applicable)	N/A	Faculty/Department (if applicable)	International Relations and Project Management

¹ Adaptations of this template

- In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.
- In the case of mobility between higher education institutions (HEIs) this agreement must always be signed by the staff member, the sending and the receiving HEI (three signatures in total).
- In the case of KA171 outgoing mobility of invited staff from (non-academic) organisation to teach in a HEI, this agreement must be signed by the participant, the beneficiary organisation, the HEI receiving the staff member, and the organisation they belong to (four signatures in total). An additional space should be added for signature of the beneficiary organisation organising the mobility.
- In the case of incoming mobility of invited staff from enterprises/(non-academic) organisation to teach in a HEI, this agreement must be signed by the staff member, the receiving institution (if applicable, the beneficiary organisation (if different from the receiving institution)) and the sending organisation (three or four signatures in total).

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ **Erasmus code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in EU Member States and third countries associated to the programme.

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			Office
Address	1 Ion Creanga St., Chisinau, Republic of Moldova, Md-2069	Country/ Country code ⁵	Republic of Moldova/ MD
Contact person name and position	Lilia Petriciuc, Head, IRO	Contact person e-mail / phone	petriciuc.lilia@upsc.md
Type of organisation:	HEI	Size of organisation (if applicable)	☐ <250 employees ☐ ≥250 employees

The Receiving Institution

Name	University of Genoa	Faculty/Department	
Erasmus code (if applicable)	I GENOVA01		
Address		Country/ Country code	Italy/IT
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

Main subject field⁶:

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:

⁵ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui>.

⁶ The [ISCED-F 2013 search tool](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=International_Standard_Classification_of_Education_%28ISCED%29#ISCED) (available at https://ec.europa.eu/eurostat/statistics-explained/index.php?title=International_Standard_Classification_of_Education_%28ISCED%29#ISCED) should be used to find the ISCED 2013 detailed field of education and training.

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 (including the virtual component, if applicable):

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

II. COMMITMENT OF THE THREE PARTIES

By signing⁷ this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution or other organisation 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 teaching staff member.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

⁷ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the beneficiary organisation (in the case of mobility with third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

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The teaching staff member and the beneficiary organisation commit to the requirements set out in the grant agreement signed between them.

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

The teaching staff member	
Name:	
Signature:	Date:

The sending organisation	
Name of the responsible person: Assoc. prof., dr. Ludmila Armaşu-Canţîr, Vice Rector for International Relations and Cooperation	
Signature:	Date:

The receiving institution	
Name of the responsible person:	
Signature:	Date: