

## MOBILITY AGREEMENT STAFF MOBILITY FOR TEACHING

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

Duration (days) – excluding travel days: .....7.....

### The teaching staff member

Last name (s)		First name (s)	
Seniority <sup>1</sup>		Nationality <sup>2</sup>	
Sex [M/F]		Academic year	2024/2025
E-mail			

### The Sending Institution/Enterprise<sup>3</sup>

Name			
Erasmus code <sup>4</sup> (if applicable)	MO BENI MELLAL USMS	Faculty/ Department	International office
Address	Av Med V, BP 591, Beni-Mellal 23000 Morocco	Country/ Country code	<b>Morocco</b>
Contact person name and position	Division de la cooperation international Relations Officer	Contact person e-mail / phone	s.elabdioui@usms.ma
		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input checked="" type="checkbox"/> >250 employees

### The Receiving Institution

Name	<b>Universidade de Aveiro</b>
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<sup>1</sup> **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

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

<sup>3</sup> All references to "enterprise" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

<sup>4</sup> **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 Programme Countries.

Erasmus code (if applicable)	<b>P AVEIRO01</b>	Faculty/Department	
Address	Campus Universitário de Santiago 3810-193 Aveiro	Country/ Country code	<b>Portugal PT</b>
Contact person, name and position	Paula Xavier Mobility manager	Contact person e-mail / phone	<a href="mailto:staffmobility@ua.pt">staffmobility@ua.pt</a> 00 351 234 370200

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

## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Main subject field<sup>5</sup>: .....

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 (in the context of the modernisation and internationalisation strategies of the institutions involved):**

<sup>5</sup> 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](http://ec.europa.eu/education/tools/isced-f_en.htm)) should be used to find the ISCED 2013 detailed field of education and training.

**Content of the teaching 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):**

## **II. COMMITMENT OF THE THREE PARTIES**

By signing<sup>6</sup> this document, the teaching staff member, the sending institution/enterprise 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 teaching staff member.

The teaching 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 teaching staff member and the sending institution 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 institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

**The teaching staff member**

Name:

Signature:

Date:

<sup>6</sup> 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 sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).

**The sending institution/enterprise**

Name of the responsible person:

Signature:

Date: