

Mobility Agreement Staff Mobility For Teaching/Training¹

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

Duration (days) - excluding travel days:

The Staff Member

Last name (s)	First name (s)	
Seniority ²	Nationality ³	
Gender [Male/Female/Undefined]	Academic year	2023/2024
E-mail		

The Sending Institution

Name	Florida Internation University		
Erasmus code ⁴ (if applicable)	MIAMI	Faculty/Department	FIU Global
Address	11200 SW 8 th Street, PC 520, Miami, FL 33199	Country/ Country code⁵	United States USA
Contact person name and position	Lukas Danner, Associate Director, FIU Global, and Erasmus+ Institutional Coordinator	Contact person e-mail / phone	LDanner@fiu.edu / +1 (305) 348 4520

The Receiving Institution / Enterprise⁶

 In case the mobility combines teaching and training activities, the mobility agreement for teaching template should be used and adjusted to fit both activity types.

¹ Adaptations of this template:

[•] In the case of **mobility between Programme and Partner Countries**, this agreement must be always signed by the staff member, the Programme Country HEI as beneficiary and the Partner Country HEI as sending or receiving organisation. In case of mobility from Partner Country HEIs to Programme Country enterprises the last box should be duplicated to include the signature of the Programme Country HEI (the beneficiary) and the receiving organisation (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 Programme Countries.

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

⁶ Any Programme Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth (training of staff members from Programme Country HEIs in Partner Country non-academic partners is not eligible).



Name	Poznan University of Technology		
Erasmus code (if applicable)	PL POZNAN02	Faculty/Department	
Address	PI. M.Skłodowskiej-Curie 5 60-965 Poznań	Country/ Country code	Poland PL
Contact person, name and position	Magdalena Zawirska – Wolniewicz Erasmus+ Institutional Coordinator	Contact person e-mail / phone	erasmus@put.poznan.p
		Size of enterprise (if applicable)	□<250 employees ⊠>250 employees

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



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of teaching/training:
Mobility type to be completed: Teaching □ Training □
Overall objectives of the mobility:
Teaching/Training activity to develop pedagogical and/or curriculum design skills: Yes □ No □
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Activities to be carried out.
Expected outcomes and impact (e.g. on the professional development of
the staff member and on both institutions):



Higher Education: Mobility Agreement form KA107 2020

II. COMMITMENT OF THE THREE PARTIES	
By signing ⁷ this document, the staff member, the sending inst confirm that they approve the proposed mobility agreement.	titution and the receiving institution/enterprise
The sending higher education institution supports the star internationalisation strategy and will recognise it as a comp staff member.	ff mobility as part of its modernisation and onent in any evaluation or assessment of the
The staff member will share his/her experience, in particular i and on the sending higher education institution, as a source of	
The staff member and the beneficiary institution commit to the signed between them.	e requirements set out in the grant agreement
The staff member and the receiving institution/enterprise wi problems or changes regarding the proposed mobility program	
The staff member	
Name:	
Signature:	Date:
The sending institution	
Name of the responsible person:	
Signature:	Date:
The receiving institution/enterprise	
Name of the responsible person:	
Signature:	Date:

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 sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.