VISIT OBJECTIVES FORM

FOR ERASMUS+ STAFF EXCHANGE MOBILITY APPLICATION

APPLICANT

Name and Surname	
Date of Birth	
Nationality	
OzU Department/Faculty	
Host University/Institution	
Host Country	
Mobility Type	☐ Teaching ☐ Training
Start Date of the Visit (dd/mm/yyyy)	
End Date of the Visit (dd/mm/yyyy)	
Objectives of the Visit	
Planned Activities for Visit	
Expected Outcomes and Impact of the Visit	

I hereby confirm that the information provided above is accurate.

Signature of the Applicant:

SUPERVISOR*

I hereby confirm that both the applicant's professional development goals for this visit and the proposed visit dates are appropriate and align with our unit's activities and schedule.

Name and Surname	
Position/Title	
OzU Department/Faculty	
Signature of the Supervisor	

***For academic staff:** the supervisor is the Dean of the Faculty.
For administrative staff: the supervisor is the Department Manager or Coordinator.