



## Erasmus+ KA171 Incoming Staff Mobility Application

### Letter of Intent

Application Academic Year	2024-2025 FALL
Applicant First and Last Name	
Applicant's Institution Name	
Applicant's Department	
Type of Staff Mobility	<input type="checkbox"/> Staff Mobility for Teaching <input type="checkbox"/> Staff Mobility for Training
<b>Please write your responses to below questions underneath of each question.</b>	
<b>1. Why do you want to participate in Erasmus+ Staff Mobility?</b>	
<b>2. What impacts do you expect at personal level, departmental level and institutional level?</b>	
<b>3. In what ways does your mobility contribute to Kastamonu University?</b>	

[Applicant's Name and Surname]

[Signature]

[Date]