



**MOBILITY AGREEMENT
STAFF MOBILITY FOR TEACHING**

Planned period of the **TEACHING ACTIVITY**

from [day/month/year] __/__/____ till [day/month/year] __/__/____

Duration (days): ...**NUMERO GIORNI**... (2 days minimum – excluding travel days)

*Indicare le date di inizio e fine delle attività di formazione e il relativo numero di giorni, **escludendo dal conteggio i giorni di viaggio***

The Teaching Staff Member

Last name	COGNOME	First name	NOME
Seniority ¹	<input type="radio"/> Junior <input type="radio"/> Intermediate <input type="radio"/> Senior	Nationality ²	Nazionalità
Sex [M/F]	<input type="radio"/> M <input type="radio"/> F	Academic year	<input type="radio"/> 2024/2025
E-mail	nome.cognome@univr.it	Phone	+39

The Sending Institution

Name	Università degli Studi di Verona	Department/Unit	Struttura di appartenenza
Erasmus Code	I VERONA01		
Address	Università degli Studi di Verona Ufficio mobilità internazionale Via dell'Artigliere 8 37129 Verona Italy	Country, Country code	IT
Contact person name and position	Dr. Maddalena Pigozzi International Office	Contact person e-mail / phone	+390458028196 relazioni.internazionali@ateneo.univr.it

The Receiving Institution

Name	Denominazione completa dell'Istituto o Impresa Ospitante		
Erasmus Code (if applicable)	CODICE ERASMUS DELL'ISTITUTO	Department/Unit	Dipartimento/Struttura di accoglienza
Address	Indirizzo postale completo dell'Istituto o Impresa Ospitante	Country, Country code ³	Codice Paese
Contact person name and position	Nome e Cognome Ruolo presso l'Istituto/Impresa Ospitante	Contact person e-mail / phone	Indirizzo e-mail / telefono

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



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Main subject field⁴: **vedere ISCED CODE** [online](#)

Level (*please tick*):

- 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: **NUMERO STUDENTI**

Number of teaching hours: **...NUMERO ORE...** (*minimo n. 8 ore di lezione a settimana*)

Language of instruction: ... **LINGUA USATA PER LA DOCENZA**

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

.....

.....

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**⁵ this document, the teacher, 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 beneficiary 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 teacher

Name: **COGNOME E NOME**

Signature:*Firma*.....

Date: __/__/____

The receiving institution

Name of the responsible person: **COGNOME E NOME**

Signature:*Firma*.....

Date: __/__/____

The sending institution – University of Verona

Name of the responsible person at the Department/Unit: **COGNOME E NOME**

Signature: *Firma del Delegato all'Internazionalizzazione di Dipartimento/Ambito*

Date: __/__/____

Approval of the Vice-Rector for Internationalisation - University of Verona

Name:

Signature: *...Firma... (a cura dell'Ufficio Mobilità Internazionale)* Date: __/__/____

¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

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

³ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

⁴ 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 should be used to find the ISCED 2013 detailed field of education and training that is to the subject taught.

⁵ 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.