



Mobility Agreement

Staff Mobility For Teaching / Training

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

The staff member

Last name (s)		First name	
Gender		Nationality	
E-mail address			
Phone No			

The Sending Institution

Name			
Faculty/Department		Country	
Address			
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution

Name	Univerzita Komenského v Bratislave	Faculty/Department	
Address			
Contact person name and position		Contact person e-mail / phone	

Overall objectives of the mobility:

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Content of the teaching/training programme:

Expected outcomes and impact:

By signing this document, the staff member, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

The staff member

Name:

Signature:

Date:

The sending institution

Name of the responsible person:

Signature (if possible):

Date:

The receiving institution

Name of the responsible person:

Signature:

Date: