



**Higher Education:  
Mobility Agreement form**  
**Participant's name**  
**Please fill in!**

## Mobility Agreement Staff Mobility For Teaching<sup>1</sup>

**Please fill in all boxes marked in yellow!!**

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

Duration (days) – excluding travel days: ...Please fill in.....

### The teaching staff member (= outgoing teacher from FH JOANNEUM)

Last name (s)	Fill in name of outgoing teacher	First name (s)	Please fill in
Seniority <sup>2</sup>	Please fill in	Nationality <sup>3</sup>	Please fill in
Sex [M/F]	Please fill in	Academic year	2016/2017
E-mail	Please fill in		

### The Sending Institution/Enterprise<sup>4</sup>

Name	FH JOANNEUM – University of Applied Sciences		
Erasmus code <sup>5</sup> (if applicable)	A GRAZ09	Faculty/Department	Please fill in
Address	Please fill in	Country/ Country code <sup>6</sup>	Austria
Contact person name and position	Fill in the International Coordinator at Institut or International Office	Contact person e-mail / phone	Please fill in
Type of enterprise:	Not applicable	Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

### The Receiving Institution (= Partner university)

Name	Please fill in	Faculty/Department	Please fill in
Erasmus code (if applicable)	Please fill in		
Address	Please fill in	Country/ Country code	Please fill in
Contact person name and position	Please fill in	Contact person e-mail / phone	Please fill in



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

## **Section to be completed BEFORE THE MOBILITY**

### **I. PROPOSED MOBILITY PROGRAMME**

Main subject field<sup>7</sup>: **Please fill in** (link to ISCED Code list can be found at the end of the document or International Coordinator knows subject field code).....

Level (select the main one): Short cycle (EQF level 5) ; Bachelor or equivalent first cycle (EQF level 6) ; Master or equivalent second cycle (EQF level 7) ; Doctoral or equivalent third cycle (EQF level 8)

**Select level of students who benefit from the lecture**

Number of students at the receiving institution benefiting from the teaching programme: **Please fill in...**

Number of teaching hours: **Please fill in...**

Language of instruction: **Please fill in**.....

**Overall objectives of the mobility:**

**Please fill in**

**Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):**

**Please fill in**

**Content of the teaching programme:**

**Please fill in**



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**Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):**

Please fill in

## II. COMMITMENT OF THE THREE PARTIES

By signing<sup>8</sup> this document, the teaching staff member, 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 teaching staff member

Name: Name of outgoing FH JOANNEUM teacher

Signature: Please sign

Date: Please fill in

### The sending institution/enterprise

Name of the responsible person: Superior at FH JOANNEUM (Head of degree program...)

Signature: Please get signature

Date: Please fill in

### The receiving institution

Name of the responsible person: Responsible contact person at host institution

Signature: Please get signature

Date: Please fill in



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<sup>1</sup> In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.

<sup>2</sup> **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

<sup>3</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>4</sup> All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

<sup>5</sup> **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.

<sup>6</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>7</sup> 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](http://ec.europa.eu/education/tools/isced-f_en.htm)) should be used to find the ISCED 2013 detailed field of education and training.

<sup>8</sup> 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.