**Mobility Agreement**

Planned period of mobility:

from *[day/month/year)* to *[day/month/year]*

Duration of mobility (days): ………………….

Academic year 20../20..

**The teaching staff member**

|  |  |
| --- | --- |
| Last name (s) | First name (s) |
| Home address | |
| E-mail address | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name **University of Ljubljana** | | | |
| Faculty/Department  **Faculty of Education** |  |  |  |
| Address | Job title | | |

**The Receiving Institution**

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

**Section to be completed BEFORE THE MOBILITY**

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

Main subject field: ……………...…………….

Total number of teaching hours (on average 8/month): …………………

|  |
| --- |
| **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 (and non-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 this document, the teaching staff member, the sending institution 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 receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The teaching staff member**  Name:  Signature:  Date: |

|  |
| --- |
| **The sending institution: University of Ljubljana**  Name of the responsible person (dean):  Signature and stamp:  Date: |

|  |
| --- |
| **The receiving institution**  Name of the responsible person:  Signature and stamp:  Date: |