**ERASMUS+ MOBILITY AGREEMENT**

**Staff Mobility for Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Planned period of physical mobility:** | From | Click or tap to enter a date. | | To | Click or tap to enter a date. |
| ***If applicable* planned period of the**  **virtual component**: | From | Click or tap to enter a date. | | To | Click or tap to enter a date. |
| **Duration of physical mobility (days) – excluding travel days:** | | | Choose an item. | | |
| **Academic Year:** Choose an item. | | |  | | |

**The Staff Member**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name (s) | | |  | | | First name (s) | |  |
| Seniority (Years of experience) | | | | Choose an item. | | | | |
| Sex | Male  Female | | | | Nationality **1** | |  | |
| E-mail | |  | | | | | | |

**The Sending Institution**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **MUGLA SITKI KOCMAN UNIVERSITY (MSKU)** | | | | | | | | | |
| Erasmus code **2** | | | **TR MUGLA01** | | Faculty/Department |  | | | | |
| Address | | Muğla Sıtkı Koçman Üniversitesi Yerleşkesi  Kötekli Mahallesi, Menteşe  48000 Muğla | | | | | | Country | | **TÜRKİYE** |
| Country code **3** | | **TR** |
| Contact person  name and position | | | | Demet Kutucuoğlu, MSc.  Erasmus+ Programme Manager  International Relations Office | | | Contact person e-mail / phone | | E-mail : [intoffice@mu.edu.tr](mailto:intoffice@mu.edu.tr)  Phone : +90 252 211 1960 | |

**The Receiving Organisation 4**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | |
| Erasmus code  *(if applicable)* | | |  | | | Faculty/Department/Unit  *(if applicable)* | | |  | | | |
| Address | |  | | | | | | | Country | |  | |
| Country code | |  | |
| Type of organisation | | | | |  | | | Size of organisation  *(if applicable)* | | | | < 250 employees  > 250 employees |
| Contact person name and position | | | |  | | | Contact person e-mail / phone | | | E-mail :  Phone : | | |

#### *For guidelines, please look at the endnotes on page 3.*

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

**I. PROPOSED MOBILITY PROGRAMME**

**Language of training:** Choose an item.

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| --- |
| **Overall objectives of the mobility** |
|  |
| **Added value of the mobility (in the context of modernisation and internationalization strategy of the institutions involved)** |
|  |
| **Activities to be carried out *(including the virtual component, if applicable):*** |
|  |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions)** |
|  |

**II. COMMITMENT OF THE THREE PARTIES**

By signing **5** this document, the staff member, the sending institution and the receiving organisation 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 staff member.

The staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution, as a source of inspiration to others.

The staff member and the beneficiary organisation commit to the requirements set out in the grant agreement signed between them.

The staff member and the receiving organisation will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

|  |  |
| --- | --- |
| **The staff member** | |
| Name: | |
| Signature: | Date: Click or tap to enter a date. |
| **The sending institution** | |
| Name of the responsible person: | |
| Title/Position: | |
| Signature: | Date: Click or tap to enter a date. |
| **The receiving institution/enterprise** | |
| Name of the responsible person: | |
| Title/Position: | |
| Signature: | Date: Click or tap to enter a date. |

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

**2** **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 EU Member States and third countries associated to the programme.

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

**4** All references to "**enterprise**" are only applicable to mobility for staff between EU Member States and third countries associated to the programme or within Capacity Building projects.

**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 beneficiary institution. Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.