



## ERASMUS+ KA1 REQUEST FOR ERASMUS LEAVE FOR ACADEMIC STAFF Academic Year: 20..... – 20....

Surname:		
Name:		
Position:		
ID No: Faculty:		
A. APPLICATION FROM ACADEMIC STAFF MEMBER		
Please grant me an Erasmus Leave of working days		
from until		
Signature	Date	
D. DECOMMATNICAL FROM DEAM		
B. RECOMMENDATION FROM DEAN		
I hereby confirm that I approve the above academic staff member to be away for		
Erasmus+ activity purposes.		
Signature	Date	
Signature	Date	
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C. RECOMMENDATION FROM HR DEPARTMENT		
I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.		
Signature	Date	
D. RECOMMENDATION FROM THE HEAD OF ACADEMIC COUNCIL		
I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.		
Signature	Date	
E. RECOMMENDATION FROM THE RECTOR		
I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.		
Signature	Date	

International Relations Office American University of Cyprus Ammochostou Avenue 52, 6019 Larnaca, Cyprus Tel: +357 24 209000