



**ERASMUS+ KA1
APPLICATION FORM FOR TEACHING/TRAINING MOBILITY
Academic Year: 20..... – 20....**

Type of activity interested in:

- Mobility for Teaching
 - Fall
 - Spring
 - Summer

- Mobility for Training
 - Fall
 - Spring
 - Summer

Surname: **Name:**

Department/Faculty at Home Institution

Starting – ending dates of mobility

Host Institution

Department at Host Institution

Subject area of teaching/training

Number of teaching (min 8)/training hours

Objectives of the mobility

Added value of the mobility (for host/home institution and participant)

Staff Member Signature

Date

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