





All.

MOBILITY AGREEMENT STAFF MOBILITY FOR TRAINING

Planned period of the training activity: from [day/month/year] till [day/month/year]
Duration (days) — excluding travel days:........

The Staff Member

Last name(s)	First name(s)	
Seniority ¹	Nationality ²	
Sex [M/F]	Academic year	2024/2025
E-mail		

The Sending Institution

Name	Università degli studi di Messina		
Erasmus code ³ (if applicable)	I MESSINA01	Faculty/ Department	
Address	Università degli Studi di Messina D.A. Ricerca Scientifi e Internazionalizzazio Piazza Pugliatti 1 98122 Messina (ME) Italy	Country code⁴	IT
Contact person name and position	Francesca Scribano Head of Extra-EU Mobi Programs Unit	Contact person e-mail / phone	

The Receiving Institution

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









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Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME
Language of training:
Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):





The staff member

Namo:





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II. COMMITMENT OF THE THREE PARTIES

By signing⁵ this document, the staff member, the sending institution and the receiving institution/enterprise 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 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 staff member and the sending institution commit to the requirements set out in the grant agreement signed between them.

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

Name:	
Signature:	Date:
The sending institution	
Name of the responsible person at	Department:
Signature:	Date:
Name of the responsible person at Francesca Scribano ¹	Extra-EU Mobility Programs Unit:
Francesca Scribano-	
Signature:	Date:
The receiving institution	
Name of the responsible person:	
Signature:	Date:

¹ The signature will be affixed once the ranking list is published and before the mobility starts.







All.

¹Seniority: Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

²Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

³Erasmus 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.

⁴Country code: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.

⁵Circulating 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.

