

STAFF MOBILITY FOR TEACHING

MOBILITY AGREEMENT

The Teacher

Last name (s)		First name (s)	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	2025/2026
E-mail			

The Sending Institution

Name	Università per Stranieri di Siena		
Erasmus code (if applicable)	I SIENA02	Department	DISU
Address	Piazza Carlo Rosselli, 27-28	Country/ Country code ³	ITALY
Contact person name and position	Dr. Elisa Trastullo Mobility Officer Prof. Liana Tronci ERASMUS Coordinator	Contact person e-mail / phone	erasmus@unistrasi.it +39 0577 240217

The Receiving Institution

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

Section to be completed BEFORE THE MOBILITY**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the teaching activity:

from _____ till _____ [day/month/year]

Duration (days): _____ Number of teaching hours: _____

☐ Additional day for travel needed directly before the first day of the activity abroad☐ Additional day for travel needed directly following the last day of the activity abroadSubject field⁴: 01 Education – 02 Arts and Humanities – 023 LanguagesLevel: Short cycle (EQF level 5) ☐; Bachelor or equivalent first cycle (EQF level 6) ☐; Master or equivalent second cycle (EQF level 7) ☐; Doctoral or equivalent third cycle (EQF level 8) ☐Number of students at the receiving institution benefiting from the teaching programme:

Teaching language: _____

Overall objectives of the mobility:**Added value of the mobility (both for the institutions involved and for the teacher):****Content of the teaching programme:****Expected outcomes and impact (not limited to the number of students concerned):**

II. COMMITMENT OF THE THREE PARTIES

By signing⁵ this document, the teacher, the sending institution/enterprise 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 teacher.

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

The teacher

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person: *Prof. Liana Tronci* - **ERASMUS Coordinator**

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

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

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

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

⁴ The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/iscsed-f_en.htm) available at http://ec.europa.eu/education/tools/iscsed-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is to the subject taught.

⁵ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.