

ERASMUS⁺
Staff Mobility (STT/STA)
REGISTRATION FORM
Academic year 20____ / 20____

INFORMATION ABOUT THE PERSON:

Academic title: _____ Gender: M F

First name: _____

Last name: _____

Nationality: _____

Phone number: _____

E-mail: _____

Adress: _____

INFORMATION ABOUT THE HOME UNIVERSITY:

Sending institution: _____

Level of education First cycle Second Cycle Third Cycle

Field of education: _____

Participant's seniority: < 10 years experience > 10 & < 20 years experience
 > 20 years experience

Function at home university: Lecturer/ Professor Management Administration
 Other: _____

INFORMATION ABOUT THE HOST INSTITUTION:

Name Host Institution: _____

Place, Country: _____

Faculty Host Institution: _____

DURING THE MOBILITY:Activity type: Training Teaching (Number of teaching hours: _____)

Working language: _____

PLANNED DURATION OF MOBILITY:

Stay at the host institution from _____ / _____ / _____ until _____ / _____ / _____

Number of days on site: _____

Days of travel: arrival _____ / _____ / _____ departure _____ / _____ / _____

Module at HNEE: _____

PLANNED TRAVEL INFORMATION:

Main Means of

Transport outbound: Plane Bus Train

Main Means of

Transport return

journey: Plane Bus Train**INFORMATION FEWER OPPORTUNITIES:**Participants with fewer
opportunities: no yes, explanation: _____**Please note:****This pdf document must be completed electronically and signed and submitted to the International Office of HNEE as part of the application documents.**_____
*Place, Date*_____
Signature Participant