

Progetto HerIT4future (TNE23-00041) – PNRR Finanziato dall'Unione Europea –
Next Generation EU -Missione 4 “Istruzione e Ricerca” – Componente 1
“Potenziamento dell’offerta dei servizi all’istruzione: dagli asili nido all’Università
Dalla ricerca all’impresa” - Investimento 3.4 “Didattica universitaria e competenze
avanzate” T4 “Iniziative Transnazionali in materia di istruzione”
CODICE DEL PROGETTO TNE23-00041 - CUP J31I24000290006



Mobility Agreement Staff Mobility For Teaching

Planned period of the physical mobility: from _____ to _____

Duration of physical mobility (days) – excluding travel days: _____

The teaching staff member

Last name (s) _____

First name (s) _____

Nationality _____

Sex ☐ M ☐ F ☐ Undefined

Acedemic Year 20____ /20____

E-mail _____

The Sending Institution

Name **Università degli Studi di Napoli Federico**

II Faculty/Department (if applicable) _____

Address _____

Country _____

Contact person: _____

Name _____

Position _____

e-mail _____

phone _____

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The Receiving Institution

Name

Address

Country

Contact person:

Name

Position

e-mail

phone

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Section to be completed BEFORE THE MOBILITY

I. Proposed Mobility Programme

Main subject field:

Language of research:

Added value of the mobility (with particular focus to the objectives of the TNE IMP-ACCTS project):

Theme and main objective of the teach, including how many hours:

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II. Commitment Of The Three Parties

By signing this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility with a focus on the objectives of the TNE IMP-ACCTS project.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

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

The teaching staff member:

Name

Date

Signature

The sending institution

Name of the responsible person:

Date:

Signature:

The receiving institution

Name of the responsible person:

Date:

Signature: