

Application Form

Mobility grants targeting the Italian and Partner countries universities

COMMO IX European programme - ERASMUS + KA171

(Project n. 2024-1-IT02-KA171-HED-000223973)

MOBILITY FOR TEACHING (STA)

Surname:

Name:

Date of birth (gg/mm/aaaa):

Place of birth:

City:

Country:

Sex: ☐ F ☐ M

Nationality:

Home address

Street:

N:

Zip Code:

City:

Country:

Contacts

Mobile:

Email:

Home University:

Role in the institution:

Faculty:

Disciplinary code:

Seniority:

Receiving institution:

Name:

Erasmus Code:

City:

Country:

ISCED Code
(disciplinary area in which the mobility
takes place)

Teaching level abroad:

Proposed period
(minimum duration 7 days including
travel) from (dd/mm/yyyy):
to (dd/mm/yyyy):
n. of days:
(including travel)

DECLARES

☒ not to benefit in the same period of a communitarian contribution foreseen by other programs or actions
financed by the European Commission

- ☐ not to have benefited before from another Erasmus mobility grant for training purposes
☐ to have already benefited from another Erasmus mobility grant for training purposes

during the academic year(s):
at:

ATTACHMENTS TO THE APPLICATION IN A SINGLE PDF DOCUMENT:

1. Copy of the passport (or a copy of the identity card, valid for expatriation and with a deadline of at least 3 months from the date of return from the country);
2. Certificate or self-certification certifying knowledge of English and / or Italian depending on the language of the country of destination (minimum B2 level);
3. Curriculum Vitae (max n. 4 pages) ;

PLACE AND DATE

SIGNATURE