



ERASMUS+ KA1 APPLICATION FORM FOR TEACHING/TRAINING MOBILITY Academic Year: 20..... – 20....

Type of activity interested in:		
 Mobility for Teaching Fall Spring Summer 		
Mobility for TrainingFallSpringSummer		
Surname:	Name:	
Department/Faculty at Home Institution		
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Host Institution		
Department at Host Institution		
Subject area of teaching/training		
Number of teaching (min 8)/training hours		
Objectives of the mobility		
Added value of the mobility (for host/home institution and participant)		
Staff Member Signature		Date

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