

## STAFF MOBILITY FOR TEACHING - MOBILITY AGREEMENT - 2014/15

### The Teacher

Last name/first name:  
Department:  
Faculty/School:  
Address:  
Tel.:  
E-mail:

### The Sending Institution

**University of:** ERASMUS Code:  
Address:  
Contact Person: ???, ERASMUS Institutional Coordinator; International Office  
Address:  
E-Mail: Phone:

### The Receiving Institution

Università degli Studi di Firenze ERASMUS Code: I FIRENZE01  
Piazza San Marco 4, I-50121 Firenze Country/County Code: ITALY/IT  
International Affairs Office of the *Scuola di Scienze Matematiche Fisiche e Naturali* – ISCED  
Code 442  
Viale Morgagni 40-44, I-50134 FIRENZE e-mail: relint@scienze.unifi.it  
Contact Person : Prof. Dr. Anna Maria Papini  
Contact person position: Coordinator of the International Affairs & Erasmus Plus Programme of  
the School of Sciences.  
E-mail: annamaria.papini@unifi.it  
Contact person phone: +39-055-4573561 – Mobile : +39-3478844146

#### I. PROPOSED MOBILITY PROGRAMME

Planned period of the teaching activity: from \_\_\_\_\_ till \_\_\_\_\_  
[day/month/year] [day/month/year]

Duration (days):

- 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  
abroad

Subject field/ISCED-F-2013code<sup>1</sup>: 0531

- Level:  Bachelor or equivalent first cycle (Laurea triennale)  
 Master or equivalent second cycle (Laurea Magistrale)  
 Doctoral or equivalent third cycle

Number of students at the receiving institution:

<sup>1</sup> The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) is available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-f_en.htm)



Erasmus+

benefiting from the teaching programme:

Number of teaching hours:

Main Language of Teaching (at receiving institution): English

Is it the first mobility within the ERASMUS Programme? Yes  No



**Overall objectives of the mobility:**

The main objectives of this mobility is

**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 signing<sup>1</sup> 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 any problems or changes regarding the proposed mobility programme or mobility period.

### **The teacher**

Name:

Signature:

Date: dd/mm/yyyy

### **The sending institution**

Name of the responsible person: ERASMUS Institutional Coordinator

Signature:

Date: dd/mm/yyyy

### **The receiving institution**

Name of the responsible person: Prof. Dr. Anna Maria Papini, Coordinator of the International Affairs & Erasmus Plus Programme of the School of Sciences.

Signature:

Date: dd/mm/yyyy

<sup>1</sup>Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures are accepted.