

**STAFF MOBILITY FOR TEACHING ASSIGNMENTS (STA)**  
 Mobility Agreement (Individual Teaching Programme)

**Academic year**  
**2020/2021**

Planned period of a teaching activity	From (dd/mm/yyyy)		To (dd/mm/yyyy)	
Duration (days) - total		Duration (days) – excluding travel days	5	

**The Teacher**

Last Name			
First Name			
Academic Degree/Title		Seniority <sup>1</sup>	<input type="checkbox"/> < 10 years of experience <input type="checkbox"/> >10 and <20 years of experience <input type="checkbox"/> > 20 years of experience
Nationality <sup>2</sup>		Gender (Male/Female/ Undefined)	
Email			
Faculty/Institute/ Department			
Address (business)			
Telephone, Fax (business)			

**The Sending Institution**

Name			
Erasmus Code <sup>3</sup> (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> < 250 <input type="checkbox"/> > 250
Address		Country/ Country code <sup>4</sup>	
Contact Person (E-mail/Phone)		E-mail/phone	

**The Receiving Institution**

Name	UNIVERSITY OF LIFE SCIENCES IN LUBLIN, Poland		
Erasmus Code	PL LUBLIN04		
Faculty/Institute/ Department			
Address (Street, No, Zip Code, City)	Akademicka 13, 20-950 Lublin	Country/ Country code <sup>4</sup>	POLAND/ PL
Institutional Erasmus+ Coordinator/ Office	Izabela Wolska, MA International Exchange Office Akademicka 15, 20-950 Lublin	E-mail/phone	<a href="mailto:izabela.wolska@up.lublin.pl">izabela.wolska@up.lublin.pl</a> Phone: +48 81 445 65 73
Contact Person (E-mail/Phone)	Jerzy Horbowski-Zaranek International Exchange Office Akademicka 15, 20-950 Lublin	E-mail/phone	<a href="mailto:jerzy.horbowski@up.lublin.pl">jerzy.horbowski@up.lublin.pl</a> Phone: +48 81 445 62 38

**Section to be completed BEFORE MOBILITY**
**I. PROPOSED MOBILITY PROGRAMME (Details of the Individual Teaching Programme)**

Main Subject Field <sup>5</sup>	
Language of teaching	

**Overall Objectives of the mobility:**

**CONTENT of the teaching programme i.e. titles of the courses, course types**

Teaching Programme -Topic(s) taught	Course type* (choose - see below)	Date of activity	Number of hours**	Level (mark by <b>X</b> )			Number of students benefiting from the activity
				Bachelor	Master	Doctoral	

\*Course type: lecture, classes, seminar, other (please specify)

\*\*Minimum **8** teaching hours per **5** working days

**Expected outcomes and impact (not limited to the number of students concerned; e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):**

**Added value of the mobility ( for teacher and in the context of the modernisation and internationalisation strategies of the institutions involved):**

## II. COMMITMENT OF THE THREE PARTIES

By signing<sup>7</sup> this document, the teaching staff member, 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 teaching staff member.

The teaching staff member 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 teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

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

The Teaching Staff Member (Teacher)	
<b>Name:</b>	
Date .....	Signature .....

The Sending University	
<b>Name of the responsible person:</b>	
Function:	
Date:	Signature .....
Stamp	

The Receiving University (University of Life Sciences in Lublin)	
<b>Erasmus+ Institutional Coordinator</b>	<b>IZABELA WOLSKA, MA</b>
Date:	Signature
Stamp	

<sup>1</sup> **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

<sup>2</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>3</sup> **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>4</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</sup> The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-f_en.htm) should be used to find the ISCED 2013 detailed field of education and training that is to the subject taught.

<sup>6</sup> Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation of the sending institution.