**Mobility Agreement**

**Teaching Staff Mobility**

**Strategic Visits**

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

Duration (days) – excluding travel days: ………………….

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Faculty/Department |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Universidad Pública de Navarra** | | |
| Erasmus code  (if applicable) | **E PAMPLON02** | Faculty/Department | Internationalisation and  Cooperation Office |
| Address | Campus Arrosadía s/n  31006, Pamplona | Country/: | **España** |
| Contact person  name and position | Begoña BALLAZ  Head Internationalisation  and Cooperation Office | Contact person  e-mail / phone : | begona.ballaz@  unavarra.es  +34 948 166068 |

**The Receiving Institution**

|  |  |
| --- | --- |
| Name |  |
| Faculty/  Department |  |
| **Complete Address**  City:  Street, number:  Zip code: |  |
| Country |  |
| Contact person  Name and Position |  |
| Contact person e-mail / phone |  |

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

Language of working: ………………………………………

|  |
| --- |
| **Overall objectives of the mobility:** |

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

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):** |

**II. COMMITMENT**

|  |
| --- |
| **The teaching staff member**  Name:  Signature: Date: |

|  |
| --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: |