

**ERASMUS<sup>+</sup>**  
**Staff Mobility (STT/STA)**  
**REGISTRATION FORM**  
Academic year 20\_\_\_\_ / 20\_\_\_\_

**INFORMATION ABOUT THE PERSON:**

Academic title: \_\_\_\_\_ Gender:  M  F

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Adress: \_\_\_\_\_

**INFORMATION ABOUT THE HOME UNIVERSITY:**

Sending institution: \_\_\_\_\_

Level of education  First cycle  Second Cycle  Third Cycle

Field of education: \_\_\_\_\_

Participant's seniority  < 10 years experience  > 10 & < 20 years experience  
 > 20 years experience

Function at home university:  Lecturer/ Professor  Management  Administration  
 Other: \_\_\_\_\_

**INFORMATION ABOUT THE HOST INSTITUTION:**

Name Host Institution: \_\_\_\_\_

Place, Country: \_\_\_\_\_

Faculty Host Institution: \_\_\_\_\_

**DURING THE MOBILITY:**Activity type:  Training  Teaching (Number of teaching hours: \_\_\_\_\_)

Working language: \_\_\_\_\_

**PLANNED DURATION OF MOBILITY:**

Stay at the host institution from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of days on site: \_\_\_\_\_

Days of travel: arrival \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ departure \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Module at HNEE: \_\_\_\_\_

**PLANNED TRAVEL INFORMATION:**

Main Means of

Transport outbound:  Plane  Bus  Train

Main Means of

Transport return

journey:  Plane  Bus  Train**INFORMATION FEWER OPPORTUNITIES:**

Participants with fewer

opportunities:  no  yes, explanation: \_\_\_\_\_**Please note:****This pdf document must be completed electronically and signed and submitted to the International Office of HNEE as part of the application documents.**\_\_\_\_\_  
*Place, Date*\_\_\_\_\_  
*Signature Participant*