



## ACHIEVE-IT

*Academic Collaboration through Higher International Education  
for a Viable and Equitable Africa with Italy  
CUP: D91I23001030006*

Planned period of the teaching activity: from      till

Duration (days) – excluding travel days:

### The teaching staff member

**Last name**

**First name**

**Seniority:**

**Nationality**

**Sex [M/F]:**

**Academic year:**

**Department/unit**

**E-mail:**

### The Sending Institution

**Name**

**Erasmus code (if applicable)**

**Faculty/Department**

**Address**

**Country/County code**

**Contact person name and position**

**Contact person e-mail/phone**

### The Receiving Institution

**Name :**

**Faculty/Department**

**Address:**

**Contact person name and position:**



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**Contact person e-mail / phone :**



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## **Section to be completed BEFORE THE MOBILITY**

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

**Main TNE strategic thematic area:**

**Number of teaching hours:**

**Overall objectives of the mobility :**

**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):**



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## **II. COMMITMENT OF THE THREE PARTIES**

By signing<sup>i</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**

Name:

Signature:

Date:

### **The sending institution**

Name of the responsible person:

Signature:

Date:

### **The receiving institution**

Name of the responsible person:

Signature:

Date:

  

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