**Application Form**

**Mobility grants targeting the Italian and Partner countries universities**

**COMMO IX European programme - ERASMUS + KA171**

 **(Project n. 2024-1-IT02-KA171-HED-000223973)**

**MOBILITY FOR TEACHING (STA)**

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| --- | --- |
| Surname: |  |
| Name: |  |
| Date of birth (gg/mm/aaaa): |  |
| Place of birth: |

|  |  |
| --- | --- |
| City: |  |
| Country: |  |

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| Sex: | **F M** |
| Nationality: |  |

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| Home address |

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| --- | --- |
| Street: |  |
| N: |  |
| Zip Code: |  |
| City: |  |
| Country: |  |

 |
| Contacts |

|  |  |
| --- | --- |
| Mobile: |  |
| Email: |  |

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| Home University: Role in the institution:Faculty:Disciplinary code: |

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| Seniority: |  |

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| Receiving institution: |

|  |  |
| --- | --- |
| Name: |  |
| Erasmus Code: |  |
| City: |  |
| Country:  |  |

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|  |
| ISCED Code (disciplinary area in which the mobility takes place)Teaching level abroad:Proposed period(minimum duration 7 days including travel) |

|  |  |
| --- | --- |
| from (dd/mm/aaaa): |  |
| to (dd/mm/aaaa): |  |
| n. of days: (including travel) |  |

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| DECLARES |
| https://unite.erasmusmanager.it/immagini/check_on.jpg not to benefit in the same period of a communitarian contribution foreseen by other programs or actions financed by the European Commission |
| * not to have benefited before from another Erasmus mobility grant for training purposes
* to have already benefited from another Erasmus mobility grant for training purposes

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| --- |
| during the academic year(s): |
| at: |

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| **ATTACHMENTS TO THE APPLICATION IN A SINGLE PDF DOCUMENT:** |
| 1. Copy of the passport (or a copy of the identity card, valid for expatriation and with a deadline of at least 3 months from the date of return from the country);
2. Certificate or self-certification certifying knowledge of English and / or Italian depending on the language of the country of destination (minimum B2 level);
3. Curriculum Vitae (max n. 4 pages) ;
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PLACE AND DATE SIGNATURE

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