**Mobility Agreement**

**Staff Mobility For Teaching**

**Academic year:** 2025/26

Is the mobility a part of a **blended** mobility programme?  YES  NO

*“Blended”: A blended mobility is a combination of a physical period abroad and a virtual/online period or component done before, during or after the physical period.*

**Dates:** Planned period of the **physical** mobility:

from ………………………… *[day/month/year]* to ………………………… [*day/month/year]*

**Duration:** Number of training days: ……………(excluding weekends and travel days)

**Dates:** Planned period of the **virtual** component (**only if applicable**):

from ………………………… *[day/month/year]* to ………………………… [*day/month/year]*

**Duration:** Number of training days: ……………(excluding weekends and travel days)

**Teaching staff member**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last name (s)** |  | | **First name (s)** |  |
| Seniority  at current home university | | Junior (< 10 years of experience)  Intermediate (10 - 20 yearsof experience)  Senior (> 20 years of experience) | | |
| Gender [*Male/Female/Undefined*] | |  | Nationality |  |
| Faculty/School | |  | | |
| Email | |  | | |

**Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **UNIVERSITAT DE LLEIDA** | | |
| Erasmus code(4)  (if applicable) | **E LLEIDA01** | Department | **International Relations** |
| Address | Jaume II, 67 bis  25001 Lleida | Country/ Country code(5) | Spain  ES |
| Contact person  name and position | Antoni Granollers  Vice-Rector | Contact person  e-mail / phone | ri@udl.cat |
| Type of enterprise: | Higher education  Institution | Size of enterprise  (if applicable) | ☐<250 employees  ☒>250 employees |

**Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code |  | Faculty/Department |  |
| Address |  | Country |  |
| Contact person, name and position |  | Contact person e-mail / phone |  |

**Section to be completed BEFORE THE MOBILITY**

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

Main subject field: ……………………………………………………………………………………………………………………..…

Level of students at the receiving institution (select only one option, the main one):

Bachelor or equivalent first cycle (EQF level 6)

Master or equivalent second cycle (EQF level 7)

Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme: …………

Number of teaching hours: ………………… (minimum 8 hours per week)

Main language of instruction: ……………………………………

|  |
| --- |
| **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** (including the virtual component, if applicable) |
| **Expected outcomes and impact** (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions): |
| **At present, do you teach in English any course at the University of Lleida?**  YES  NO  Name of the course: |
| **Is this mobility part of the activities within a university network in which the University of Lleida is involved? Or part of a project for strategic academic cooperation in which the home faculty is involved?**  YES  NO  If YES, please give details: |

**II. COMMITMENT OF THE THREE PARTIES**

By signing 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.

|  |
| --- |
| **Staff member:** (name) ………………………………………………………………………………………………  Signature: Date: |

|  |
| --- |
| **Sending institution:** Universitat de Lleida  **Faculty/School:** …………………………………………………………………………………………………………  **Mobility Coordinator:** …………………………………………….……………………  Signature: Date: |

|  |
| --- |
| **Receiving institution:**  **Responsible person:** (name) ………………………………………………………………………………………  Signature: Date: |