**Sporazum o mobilnosti za razvojno sodelovanje**

**(Mobility Agreement)**

Academic Staff  Professional Staff

Mobility start at host university: Kliknite ali tapnite tukaj, če želite vnesti datum.

Mobility finish at host university: Kliknite ali tapnite tukaj, če želite vnesti datum.

Total number of days at host university: Izberite element.

Extra day for travel Izberite element.

**The staff member**

|  |
| --- |
| Last name (s) |
| First name (s) |
| E-mail address |
| Department/ Office |
| Job title |
| Number of years employed at the University of Ljubljana |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Country SLOVENIA | | | |
| Name UNIVERSITY OF LJUBLJANA | | | |
| Faculty |  |  |  |

**The Receiving Institution**

|  |
| --- |
| Country |
| Name |
| Faculty/Department |
| Contact person (name and position) |
| Contact person (e-mail and phone) |

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

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

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| **Added value of the mobility** (in the context of the development cooperation within the EUTOPIA Alliance and internationalisation strategies of the institutions involved): |

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| **Activities to be carried out:** |

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| **Expected outcomes and impact** (in the context of the development cooperation within the EUTOPIA Alliance and on the professional development of the staff member of both institutions): |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the staff member, the sending institution 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 Internal Call for Co-financing of development cooperation within the EUTOPIA Alliance.

The 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 staff member and the receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

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

|  |
| --- |
| **The sending institution: UNIVERSITY OF LJUBLJANA**  Name of the responsible person (dean):  Signature and stamp:  Date: |

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