

Mobility Agreement

Personal details

First and last name: Prof./Dr. _____

Home institution

Name: _____

City, country: _____

Name of institution department: _____

Name of contact person for mobility: _____

Host institution

Name: University of Teacher Education Lucerne

City, country: Lucerne, Switzerland

Name of institution department: _____

Name of contact person: _____

Details of mobility period

Subject area: _____

Level (BA, MA, PhD): _____

Number of students at the host institution benefiting from the teaching programme: _____

Number of teaching hours: _____

Combined mobility (Teaching and Training): Yes ☐ No (teaching only) ☐

Duration – without travel days – (dd/mm/yyyy): from _____ to _____

Travel days (dd/mm/yyyy): Departure: _____ Return: _____

Means of transport: Train ☐ Plane ☐ Car/Bus ☐ Other ☐ Not known at this stage ☐

Details of mobility

Overall objectives of the mobility:

Content of the teaching programme:

Expected added value of the mobility (both for the host institution and for the teacher):

Expected results (not limited to the number of students concerned):

To be formally agreed prior to the mobility period by all parties by exchange of letters or electronic messages.