**Mobility Agreement For Teaching**

Planned period of the mobility with travelling days: **from** *[day/month/year]* **to** *[day/month/year]*

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Nationality |  |
| E-mail |  |

**The Sending Institution**

|  |  |
| --- | --- |
| Name  | **Prague University of Economics and Business** |
| Faculty/Department | *doplnit* |
| Address | W. Churchill Sq. 1938/4130 67 Prague 3 | Country | Czech Republic |
| Contact person name and position | *uvést přímého nadřízeného* *vysílaného zaměstnance* *(vyjadřující souhlas s mobilitou* *podpisem na konci tohoto* *dokumentu)* | Contact persone-mail / phone | *přímého nadřízeného**vysílaného**zaměstnance* |

**The Receiving Institution**

|  |  |
| --- | --- |
| Name |  |
| Faculty/Department |  |
| Address |  | Country |  |
| Contact personname and position |  | Contact persone-mail / phone |  |

 **Section to be completed BEFORE THE MOBILITY**

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

Level (select the main one): Bachelor or equivalent first cycle [ ] ; Master or equivalent second cycle [ ] ; Doctoral or equivalent third cycle [ ]

Number of teaching hours: …………………

Combined teaching and training activity: YES [ ]  NO [ ]

Language of instruction: ………………………………………

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Expected outcomes:** |

 **II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the teaching staff member, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

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

|  |
| --- |
| **The sending institution**Name of the responsible person: *přímý nadřízený vysílaného zaměstnance*Signature: Date:  |

|  |
| --- |
| **The sending institution**Vice-Dean for International Relations: Signature: Date:  |

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