|  |  |  |
| --- | --- | --- |
|  |  |  |

**STAFF MOBILITY**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Academic year | 2024-2025 |
| Semester  | [ ] Fall [ ] Spring [ ] Summer |
| Type of mobility | [ ] Teaching [ ] Training  |
| Field of study | …………………………………… |

|  |
| --- |
| Staff Information |
| First name | …………………… |
| Last name | …………………… |
| Date and place of birth  | …/…/… |
| Gender  | [ ] Male [ ] Female  |
| Nationality  | …………………… |
| Passport number  | …………………… |
| E-mail | …………………… |
| Phone  | …………………… |
| Address  | …………………… |

|  |
| --- |
| Sending Institution  |
| Name  | Comrat State University  |
| Erasmus code | MD COMRAT01 |
| Faculty  | …………………… |
| Department  | …………………… |

|  |
| --- |
| Language Competence  |
| Mother language  | …………………… |
| Language of instruction at home institution (if different) | …………………… |
| English Level | [ ] A1 [ ] A2 [ ] B1 [ ] B2 [ ] C1 [ ] C2 |

|  |  |
| --- | --- |
| Disabled staff  | [ ] Yes [ ] No |
| Have you ever participated in an Erasmus+ programme?  | [ ] Yes [ ] No |
| If the above answer is yes, | Academic year: 20../20..[ ]  Teaching [ ] Training  |

[ ]  I certify that the information given above is correct

|  |  |
| --- | --- |
| Name and Surname of the Applicant | Signature  |

Documents to be attached to the application form:

1. Photocopy of ID/Passport
2. Work experience certificate
3. English proficiency certificate (if available)