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**STAFF MOBILITY**

**APPLICATION FORM**

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

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

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

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

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| --- | --- |
| 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

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| --- | --- |
| 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)