**UNIVERSITY OF WEST ATTICA**

# ERASMUS+ MOBILITY APPLICATION

**ACADEMIC YEAR:**

|  |  |
| --- | --- |
| Name of staff member |  |
| Sex (M/F) |  |
| E-mail  |  |
| Phone number  |  |
| Home Institution/ Country  |  |
| Erasmus Code |  |
| Position  | Academic staff Administrative staff  |
| Academic rank/ Administrative position |  |
| Faculty/ Department |  |
| (please also indicate which department will be hosting you) |  |
| Reason for mobility | Teaching Training Combined mobility  |
| Field/ subject of teaching mobility |  |
| For training mobilities please indicate which training program from the attached list you are interested in following |  |
| Mobility Duration (Days) |  |
| Start of Mobility (Date) |  |

 DATE …………………….

 SIGNATURE