

# 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.*