

UNIVERSITY OF NOVI PAZAR

APPLICATION FORM FOR ERASMUS+ STAFF EXCHANGE

Application form for Teaching Staff Mobility / Staff Training Mobility

Note: The application should be filled out electronically, printed, signed and scanned.

Name and Surname:	
Citizenship:	
Telephone:	
E-mail:	
Home institution:	
Title:	
Position:	

HOME UNIVERSITY: UNIVERSITY OF NOVI PAZAR

DEPARTMENT	
STUDY PROGRAMME:	
HAVE YOU ALREADY SPENT A TEACHING OR TRAINING PERIOD ABROAD? IF YES, AT WHICH UNIVERSITY?	
HAVE YOU ALREADY RECEIVED AN EU MOBILITY GRANT? IF YES, WHICH ONE?	
HAVE YOU ALREADY RECEIVED ERASMUS+ GRANT? IF YES, WHEN AND FOR WHICH LEVEL OF STUDY?	

HOST UNIVERSITY:

Name of the institution		
Country		
Purpose of mobility (<u>please underline</u>)	Teaching Assignment	Professional Training
	Number of teaching hours:	
Contact person at the host institution, title and position		
Duration of stay		
Term (winter or spring) with dates of arrival and departure, if possible		
Planned dissemination activities at home institution		

FOREIGN LANGUAGE COMPETENCE

How would you describe your foreign language competence in terms of the Common European Framework of Reference for Languages (e.g. A1, A2, B1, B2, C1, C2)

No:	FOREIGN LANGUAGE	LISTENING	READING	SPEAKING	WRITING

Please state all the documents you are submitting together with the application form:

1)
2)
3)
4)
Etc.

Statement on the absence of double financing:

I hereby state that my teaching / training period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.

Signature:

Place and date: