|  |
| --- |
| **A) Applicant** |
| *Surname* |  |
| *First name* |  |
| *Date of birth* |  |
| *Gender (M/F)* |  |
| *Nationality* |  |
| *Higher education institution* |   |
| *Faculty/department* |  |
| *Address* |  |
| *Title and position of applicant* |  |
| *Years of professional experience (seniority)* |  |
| *Phone nr.* |  |
| *E-mail* |  |
| *ERASMUS+ coordinator at HEI/contact person* |  |
| * *position of the contact person*
 |  |
|  |
| **B) Host institution**  |
| *Name of the institution* |  |
| *Address* |  |
| *Erasmus code of the institution/PIC code (if applicable)* |  |
| *Country* |  |
| *ERASMUS+ coordinator at HEI/contact person* |  |
| * *position of the contact person*
 |  |
| *Phone nr.* |  |
| *E-mail* |  |
| **C) Mobility duration and details** |
| *Duration of the mobility* *(excluding travel days)* | FROM (dd/mm/yyyy) |  |
| TILL (dd/mm/yyyy) |  |
| *Total number of days* *(including travel days)* |  |
| *Language of the mobility* |  |
| *ISCED code of the field of education* |  |
|  |
| **D) Previous activities realized with the financial support from Erasmus programme** |
| *Year* | Name of the institution; type of the activity |
|  |  |
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| **Hereby I confirm that all the information I have provided are correct and based on truth. I attach mobility agreement for teaching/training.** |
| Date:  | Date:  |
| Signature of applicant: | Signature of Erasmus+ departmental coordinator/contact person at home institution: |

**Note:**

**ERASMUS+ grant covers cost connected to mobility up to grant approved for the particular partner country. All the costs should be documented upon arrival at the Technical University of Košice at the International Relations Office.**