



Finanziato  
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Ministero  
dell'Università  
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Italiadomani  
PIANO NAZIONALE  
DI RIPRESA E RESILIENZA



UNIVERSITÀ  
DEGLI STUDI  
DEL MOLISE

### Allegato 3

## PNRR-TNE International Mobility Programme - TNE23-00059 "HEALTH CONNECT Health education and advanced learning through collaboration, opportunities, networking, and educational connections in Balkans and Asian countries"

**Codice Progetto PNRR\_TNE\_HEALTH\_CONNECT**

**CUP F91B24000320006**

# Mobility Agreement

## Staff Mobility For Teaching<sup>i</sup>

Planned period of the physical mobility: from [day/month/year] to [day/month/year]

Duration of physical mobility (days) – excluding travel days: .....

### The teaching staff member

Last name (s)		First name (s)	
Nationality			
Sex [M/F/Undefined]		Academic year	2025/2026
E-mail			

### The Sending Institution

Name			
Faculty/Department (if applicable)			
Address		Country	
Contact person name and position		Contact person e-mail / phone	

### The Receiving Institution

Name		Faculty/Department	
Address		Country	
Contact person name and position		Contact person e-mail / phone	

### Section to be completed BEFORE THE MOBILITY



### 1.1.1.1. PROPOSED MOBILITY PROGRAMME

Main subject field: .....

Number of teaching hours: .....

Language of instruction: .....

#### **Overall objectives of the mobility:**

#### **Added value of the mobility (with particular focus to the objectives of the TNE HEALTH project):**

#### **Content of the teaching programme**

#### **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):**

## **II. COMMITMENT OF THE THREE PARTIES**

By signing<sup>ii</sup> this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility with a focus on the objectives of the TNE Health project.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

The teaching staff member and the receiving institution will communicate to the sending organisation any problems or changes regarding the proposed mobility programme or mobility period.

#### **The teaching staff member**

Name:



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Signature:

Date:

### **The sending organisation**

Name of the responsible person:

Signature:

Date:

### **The receiving institution**

Name of the responsible person:

Signature:

Date:



Adaptations of this template

- In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.

<sup>ii</sup> Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the beneficiary organisation.