

**APPLICATION FORM FOR ERASMUS+ MOBILITY  
OF FACULTY AND ADMIN STAFF**

**PERSONAL DETAILS**

|                           |           |  |                       |  |
|---------------------------|-----------|--|-----------------------|--|
| Name and surname          |           |  |                       |  |
| Title                     |           |  |                       |  |
| Place and date of birth   |           |  |                       |  |
| Citizenship               |           |  |                       |  |
| Gender                    | M         |  | F                     |  |
| Address                   |           |  |                       |  |
| Phone                     | Landline  |  | Cell                  |  |
| E-mail                    |           |  |                       |  |
| Department                |           |  |                       |  |
| Type of contract with RIT | Full time |  | Part time/<br>adjunct |  |

**RECEIVING INSTITUTION**

|                                 |  |
|---------------------------------|--|
| Name                            |  |
| Country, place                  |  |
| Contact person (name and title) |  |

Duration of mobility \_\_\_\_\_

**Timeframe of mobility**

|                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| <b>From</b><br>(dd/mm/yy) |  | <b>TO</b><br>(dd/mm/yy) |  |
|---------------------------|--|-------------------------|--|

Have you taken part in the Erasmus + program before?

|     |  |    |  |
|-----|--|----|--|
| YES |  | NO |  |
|-----|--|----|--|

**STATEMENT ON DOUBLE FINANCING**

I hereby declare that the mobility which I am applying for will not be financed from any other funds originating from the EU.

**Date and place:** \_\_\_\_\_

Signature: \_\_\_\_\_