

INTRA-AFRICA Academic Mobility Scheme MOBILITY AGREEMENT – Staff Mobilityⁱ

Planned period of mobility: from (month/year)_____ to (month/year)_____

Staff member	Last name(s)	First name(s)	Nationality	Sex	Type of staff	E-mail/phone
				[M/F]	Administrative/ Academic	
Home Institution	Name	Faculty/Department	Address		Country	Contact person name/email/phone
Host Institution	Name	Faculty/Department	Address		Country	Contact person name/email/phone

To be filled in and signed before the mobility:

Proposed mobility programme	
Type of activity	<i>E.g. Teaching/training/administrative assignment/curriculum development...</i>
Main subject field	
Mobility duration:	
Number of teaching/training/administration hours (if applicable)	
Language used for work activities	
Level of teaching (for teaching assignments only)	<i>E.g. Master/Doctoral...</i>
Number of students benefitting from the teaching programme (for teaching assignments only)	

Overall objective of the mobility
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Added value of the mobility (in the context of the modernization and internationalization strategies of the institutions involved)

Content of the teaching programme/Activities to be carried out

Expected outcomes and impact (e.g. on the professional development of the staff member , on capacity building at both institutions as well as on the competences of students – if relevant)

Commitment

By signing this document, the staff member, the Home Institution and the Host Institution confirm that they approve the proposed mobility agreement.

The Home Institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the staff member.

The staff member commits to share his/her experience upon return at the Home Institutions as a source of inspiration to other colleagues.

The staff member and the Host Institution commit to the requirements set out in the "Staff Agreement" signed between them.

The staff member and the Host Institution will communicate to the Home Institution any problems or changes regarding the proposed mobility programme or mobility period.

	Name	Date	Signature
Staff member			
Responsible person at the Home Institution			
Responsible person at the Host Institution			

ⁱ This template should be used and adjusted to fit the relevant activity type. The parts in **grey** should be adapted to the type of activity to be implemented by choosing the appropriate options and/or deleting the non-relevant ones.