…………… UNIVERSITY

.... / .... – **...................**
(ACADEMIC YEAR)   **(TERM)**

ACADEMIC STAFF MOBILITY PROGRAMME

Personal Information		
Name-Surname		Gender
Department-Programme name		Title
Address		
Telephone	E-mail	
Fax		

Your Home Institution	
Name of Higher Education Institution	
MEVLANA ID Code	
Term Fall Term Spring Term Summer School	
Mobility Period	
Planned Start Date	
Planned End Date	
Head of Department/Coordinator	
Name-Surname	
Address	
Telephone Fax E-mail	
Signature Date	
Institutional Coordinator	
Name-Surname	
Signature Date	

Host Institution	Name of the Institution**:** Uşak University
	MEVLANA ID Code
	Semester :　　　　Fall Semester　　　　　Spring Semester　　　　　Summer School
	Mobility Period
	Planned Start Date
	Planned End Date
	Head of Department/Coordinator
	Name-Surname
	Address
	Telephone　　　　　　　　　Fax　　　　　　　E-mail
	Signature　　　　　　　　　　　　　　　　Date
	Institutional Coordinator
	Name-Surname
	Signature　　　　　　　　　　　　　　　　Date

Academic Information	MEVLANA Field Code
	Type of activity:　　　Lecturing　　　Seminar　　Workshop　　Other
	Degree:　　Associate degree　　BA　　　MA　　　　Ph.D.　　　Other
	Estimated number of potential student and academic staff beneficiaries if avaible

Added-Value of the Mobility
(Both for home, host institutions and academic staff)

Expected Outcomes (Please specify the expected outcomes for all parties as a result of the mobility)

Study Programme				
Course Name	Credit		Day	Time
	National	ECTS		

Signature of Academic Staff			
Name of Your Home Institution		Name of the Host Institution	Uşak University
Name/Surname/Title of the Authorized Person (Dean, Director etc.)		Name/Surname/Title of the Authorized Person (Dean, Director etc.)	
Signature/Stamp		Signature/Stamp	
Date	____/____/_____	Date	____/____/_____