

ERASMUS KA171 KISA
DÖNEM DOKTORA
HAREKETLİLİĞİ
MOBILITY AGREEMENT
HAZIRLAMA SÜRECİ

Mobility Agreement

Short Term Doctoral Mobility

Planned period of the training activity: from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The Short Term Doctoral Mobility Member

Last name (s)		First name (s)	
Seniority ¹		Nationality ²	
Gender [Male/Female/Unde]		Academic year	20../20..
E-mail			

Belgenin en sağ üst kısmında 'Participant's name' kısmına isminizi yazmalısınız.

Planned Period kısmındaki tarihlere hareketlilik tarihiniz yazılmalı.

Duration Days kısmına ise 5 yazılmalıdır.

Alt tabloda ise kişisel bilgilerinizi yazmalısınız.

The Sending Institution

Name	YEDITEPE UNIVERSITY		
Erasmus code ³ (if applicable)	TR ISTANBU21	Faculty /Department	
Address	İnönü Mah. Kayışdağı Cad. 326A 26 Ağustos Yerleşimi 34755 Ataşehir İstanbul/Turkey	Country/ Country code ⁴	Turkey TR
Contact person name and position	Hazal Altunkulp Çoban International Exchange and Cooperation Office	Contact person e-mail / phone	erasmus@yeditepe.edu.tr +902165780604
		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input checked="" type="checkbox"/> >250 employees

The Receiving Institution / Enterprise⁵

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
		Size of enterprise	<input type="checkbox"/> <250 employees

Bu kısma karşı kurum ve Yeditepe'nin ilgili bilgilerini doldurmalısınız.

Language of Training 'English' olmalı.

Alt kısımdaki soruları 3-4 cümle ile doldurmalısınız.

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:

Training activity to develop pedagogical and/or curriculum design skills:
Yes No

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Activities kısmına Gün 1'den Gün 5'e kadar hareketliliğinizi detaylıca karşı kurumla konuşup yazmalısınız.

Tek kelime şeklinde 'Arrival' tarzı yazılan belgeler kesinlikle kabul edilmeyecektir.

İlk gün derse katılma, akademisyenlerle görüşme veya öğrencilere seminer gibi detaylıca yazmak zorundasınız.

Activities to be carried out: (The program of the mobility on a daily basis)
1st day (<i>the date</i>):
2nd day (<i>the date</i>):
3rd day (<i>the date</i>):
4th day (<i>the date</i>):
5th day (<i>the date</i>):
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Activities kısmına Gün 1'den Gün 5'e kadar hareketliliğinizi detaylıca karşı kurumla konuşup yazmalısınız.

Tek kelime şeklinde 'Arrival' tarzı yazılan belgeler kesinlikle kabul edilmeyecektir.

İlk gün derse katılma, akademisyenlerle görüşme veya öğrencilere seminer gibi detaylıca yazmak zorundasınız.

Activities to be carried out: (The program of the mobility on a daily basis)
1st day (the date):
2nd day (the date):
3rd day (the date):
4th day (the date):
5th day (the date):
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Son sayfada yer alan imza kısımlarınızı da ilgili kişilerden imza alarak tamamlamalısınız.

II. COMMITMENT OF THE THREE PARTIES

By signing⁶ this document, the staff member, the sending institution and the receiving institution/enterprise confirm that they approve the proposed mobility agreement.

The sending higher education 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 will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

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

The Short Term Doctoral Mobility Member

Name:

Signature:

Date:

The sending institution

(Academic Erasmus Departmental Coordinator)

Name of the responsible person:

Signature:

Date:

The sending institution

(Institute Manager)

Name of the responsible person:

Signature:

Date:

The receiving institution/enterprise

Name of the responsible person:

Signature:

Date: