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## APPLICATION FORM/STAFF MOBILITY AGREEMENT

To be used by staff or teachers applying for  
Erasmus+ International Credit Mobility to Uppsala University

### Personal information

|                         |  |
|-------------------------|--|
| First name              |  |
| Family name             |  |
| Place and Date of Birth |  |
| Home university         |  |
| Department/Office       |  |
| Country                 |  |
| Telephone number        |  |
| E-mail                  |  |
| Cellphone number        |  |

### Professional information

|   |
|---|
| Position/Title  |
|   |
| Main work tasks at current position. Please be specific, describe a normal day or week for you. |
|   |
| Professional fields of interest   |
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## About the proposed exchange

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| <b>Proposed time for the visit</b>   |
| <br><br>   |
| <b>Would you consider a different time period if we cannot accommodate your proposed period?</b>   |
| <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>Would you like to participate in the International Staff Week?</b>  |
| <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>Overall objectives for your Staff Exchange/Teaching period at Uppsala University</b>  |
| <br><br><br><br><br>   |
| <b>Activities you would like to carry out at Uppsala University</b>  |
| <br><br><br><br>   |
| <b>Do you already have contacts at Uppsala University? Or do you have knowledge of any ongoing collaboration with your home university and Uppsala University? Please specify:</b> |
| <br><br><br><br><br>   |
| <b>Expected outcomes, impact and added value (e.g. on your professional development and on home and host university)</b>   |
| <br><br><br><br><br><br><br><br><br><br>   |



Erasmus+



UPPSALA  
UNIVERSITET

## Signatures

### Applicant signature

*I confirm that I have read the terms and conditions and agree to them.*

Marina Berezhnaia

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Name

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Signature

### Head of department/unit at applicant's home university – signed when exchange has been approved by UU

*I confirm that I have read the terms and conditions and agree to them.*

-----  
Name

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Signature

### Head of department/unit at Uppsala University signature - signed upon arrival in Uppsala

*I confirm that I have read the terms and conditions and agree to them.*

-----  
Name

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Signature