

PNRR M4 C1 INV.3.4 SUB-INV.T4 - TNE D.D. n. 167 del 03/10/2023 Progetto "WAGON2AFRICA" CUP:  
E17G24000420006

## MOBILITY ACTIVITY

### Student in Mobility

Family name <sup>1</sup>			
Given name <sup>1</sup>			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not Declared	Nationality	
Date of birth			
Place of birth			
Passport n.			
Home Address	Street	N.	
	City	ZIP	
E-mail		Phone	
Student Course	<input type="checkbox"/> Master Degree (Research only) <input type="checkbox"/> Doctorate Degree		
Current Degree Program			
Foreign Language Competence Level:			
in _____ A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>			
in _____ A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>			

### Sending Institution

Name			
City		Country	
Department/Unit			
Responsible person <sup>2</sup> :			
Name		Position	
E-mail		Phone	
Contact for administration <sup>3</sup> :			
Office			
Name		Position	
E-mail		Phone	

### Working package

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<sup>1</sup> As indicated in Passport

<sup>2</sup> The person who can authorize the mobility activity, normally the Project Responsible (Responsabile Scientifico) or the Head of Department/Unit

<sup>3</sup> The person in the international office or other administration office in charge of international mobility

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### Receiving Institution

Name			
City		Country	
Department/Unit			
Responsible person <sup>4</sup> :			
Name		Position	
E-mail		Phone	
Contact for the activity <sup>5</sup> :			
Name		Position	
E-mail		Phone	
Contact for administration <sup>6</sup> :			
Name		Position	
E-mail		Phone	

### Planned period of activity

First day of activity	
Last day of activity	
Duration (number of months)	

Please fill in the dates and duration of the activity not including travel days, i.e. the date of arrival at the receiving university, the date of departure from it and the corresponding duration. Duration of the activity must be between 2 and 6 months. Activity must be continuous and suspension periods are not allowed.

### Objectives of Activity

Considering that the general goal of the TNE program is to promote cooperation among universities aimed at fostering their internationalization and at transferring interdisciplinary and intercultural knowledge through transnational educational programs, **describe the objectives of the activity in relation to the specific goals of the TNE project**

<sup>4</sup> the Head the receiving Department/Unit

<sup>5</sup> The person in the receiving Department/Unit who will host the mobility activity

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<sup>6</sup> The person in the international office or other administration office in charge of international mobility in the receiving Institution

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By signing<sup>7</sup> this document, the three parties approve the proposed activity project.

**The Candidate**

Name:

Signature:

Date:

**The Sending Institution**

Name of the responsible person<sup>8</sup>:

Stamp and Signature:

Date:

**The Receiving Institution**

Name of the responsible person<sup>8</sup>:

Stamp and Signature:

Date:

<sup>7</sup> Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures are accepted.

<sup>8</sup> Responsible person detailed on the previous page