

## Mobility Agreement for „Saxon Science Ambassador Program“

Planned period of the physical mobility:

### Staff Member

Last name(s)		First name(s)	
Seniority <sup>1</sup>		Nationality	
Academic Year		E-Mail	

### Sending Organization

Name of Sending Institution			
Faculty/Department (if applicable)			
Address		Country	
Contact person and position		Contact Person e-mail / phone	

### Receiving Institution

Name of Receiving Institution			
Faculty/Department (if applicable)			
Address		Country	
Contact person and position		Contact Person e-mail / phone	

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<sup>1</sup> Seniority: Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience), Senior (approx. >20 year of experience)

**Section to be completed BEFORE THE MOBILITY**

**Overall objectives of the mobility**

**What are the objectives of partnership activities that are fostered by the planned mobility?**

**Activities to be carried out (including the virtual component, if applicable):**

**Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):**

**Commitment of the three parties**

By signing this document, the staff member, the sending institution and the receiving organization confirm that they approve the proposed mobility agreement. The staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution, as a source of inspiration to others.

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

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

**The staff member**

Name:

Signature:

Date:

**The sending institution**

Name of the responsible person:

Signature:

Date:

**The receiving organization**

Name of the responsible person:

Signature:

Date: