





INTRA-AFRICA Academic Mobility Scheme

MOBILITY AGREEMENT – Staff Mobilityⁱ

Planned period of mobility: from (month/year) to (month/year)							
Staff	Last name(s)	First name(s)	Nationality	Sex	Type of staff	E-mail/phone	
member				[M/F]	[Administrative /Academic]		
Home	Name	Faculty/Department	Address		Country	Contact person name/email/phone	
Institution							
Host Institution	Name	Faculty/Department	Address		Country	Contact person name/email/phone	

To be filled in and signed before the mobility:

Proposed mobility programme				
Type of activity	E.g. Teaching/training/administrative assignment/curriculum development			
Main subject field				
Number of teaching/training hours (if applicable)				
Language of teaching/training				
Level of teaching (for teaching assignments only)	E.g. Master/Doctoral			
Number of students benefitting from the teaching programme (for teaching assignments only)				

Overall objective of the mobility	

Added value of the mobility (in the context of the modernization and internationalization strategies of the institutions involved)







Content of the teaching programme/Activities to be carried out				
Expected outcomes and impact (e.g. on the professional development of the staff member, on capacity building at both institutions as well as on the competences of students – if relevant)				
Commitment				
Commitment By signing this document, the staff member, the Home Institution and the Host Institution confirm that they approve the proposed				
mobility agreement.				

The Home 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 commits to share his/her experience upon return at the Home Institutions as a source of inspiration to other

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The staff member and the Host Institution commit to the requirements set out in the "Staff Agreement" signed between them. The staff member and the Host Institution will communicate to the Home Institution any problems or changes regarding the proposed mobility programme or mobility period.

	Name	Date	Signature		
Staff member					
Responsible person at the Home Institution					
Responsible person at the Host Institution					