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## LIFE LONG LEARNING PROGRAMME

# ERASMUS Staff Mobility – Teaching Assignments (STA) TEACHING MOBILITY FUNDING REQUEST FORM

Name of Academic staff	
Department:	
ID Number:	
Gender:      Male <input type="checkbox"/> Female <input type="checkbox"/>	
Nationality:	
Subject area at home institution	
Duration of teaching days	
Duration of teaching hours	
Dates of travel: From ....../...../..... to ....../...../.....	
Level of students to be taught at host institution	
Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Doctoral <input type="checkbox"/>	
Language of teaching	
Special Needs	
First Erasmus Visit:      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Value of mobility (maximum total cost): .....	

To be completed by Dean/Head of Department

I authorise that the above named staff member can participate in the above teaching mobility trip

Name:

Signature:

Date: