**DOKUZ EYLÜL UNİVERSITY**

**ERASMUS+ KA171 INCOMING STAFF APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- |
| **Name-Surname:** | **Gender:**  F 🞏 M 🞏 | | | **Nationality:** | |
| **Date-place of birth:** | **Passport-National ID number:** | | | **Job Title:** | |
| **Home country:** | **Home university:** | | | **Department/Unit:** | |
| **Erasmus Code/PIC code:** | **E-mail** **and** **Phone:** | | | **Address:** | |
| **Position:** Academic 🞏   Administrative 🞏 | **Mobility type:** Teaching 🞏   Training 🞏 | | |
| **Contact person for emergency and telephone/e-mail:** | | | | **Intended dates for exchange at DEU:**  Start dd/mm/yyyy   End dd/mm/yyyy | |
| **Seniority**  🞏 Junior (< 10 years) +5pts  🞏 Intermediate (10-19 years) +10 pts  🞏 Senior (20+ years) +15 pts | **Have you ever participated in Erasmus+ staff mobility previously?**  **If yes, how many?** Yes 🞏  No 🞏 | | | | **Special needs:**  Yes 🞏 +10pts  No 🞏 0pts  *“Attach a document, which is as valid/old as 3 months the most.”* |
| **MOTIVATION  *(Please explain the following shortly.)*** | | | | | |
| Your tasks and responsibilities at your university | |  | | | |
| The departments you would like to visit | |  | | | |
| The overall objectives of your mobility | |  | | | |
| **COMMITMENT *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.*** | | | | | |
| ***Staff/Applicant*** | | | ***Institutional Erasmus/exchange coordinator***  ***at home university*** | | |
| **Name-Surname:** | | | **Name-Surname:** | | |
| **Signature/Date:** | | | **Signature/Date/Stamp:** | | |