

A) Applicant	
Surname	
First name	
Date of birth	
Gender (M/F)	
Nationality	
Higher education institution	
Faculty/department	
Address	
Title and position of applicant	
Years of professional experience (seniority)	
Phone nr.	
E-mail	
ERASMUS+ coordinator at HEI/contact person	
- position of the contact person	
B) Host institution	
Name of the institution	
Address	
Erasmus code of the institution/PIC code (if applicable)	
Country	
ERASMUS+ coordinator at HEI/contact person	
- position of the contact person	
Phone nr.	
E-mail	

C) Mobility duration and details				
Duration of the mol (excluding travel d	e mobility	FROM (dd/mm/yyyy)		
	vel days)	TILL (dd/mm/yyyy)		
Total number (including trav				
Language of the mobility				
ISCED code of the field of education				
D) Previous activities realized with the financial support from Erasmus programme				
Year	Name of the institution; type of the activity			

Hereby I confirm that all the information I have provided are correct and based on truth. I attach mobility agreement for teaching/training.		
Date:	Date:	
Signature of applicant:	Signature of Erasmus+ departmental coordinator/contact person at home institution:	

Note:
ERASMUS+ grant covers cost connected to mobility up to grant approved for the particular partner country. All the costs should be documented upon arrival at the Technical University of Košice at the International Relations Office.