

.....UNIVERSITY
ACADEMIC STAFF INFORMATION FORM

Name-Surname	
Title	
Identification Number	
Place and Date of Birth	
Gender (Male/Female)	
Nationality	
Contact Information	
Home Institution	
Mevlana ID Code of the Institution	
Faculty/Institute	
Department	
Have you ever participated in Mevlana Exchange Programme?	
Date of the Mobility(if you have participated in Mevlana Exchange Programme earlier)	from .../.../201... to .../.../201..
Travel and daily payments taken in the scope of assignment(if you have participated in Mevlana Exchange Programme earlier)	
Total payment(if you have participated in Mevlana Exchange Programme earlier)	
Host Institution	
Mevlana ID Code of Host Institution	
Field of teaching at the Host Institution	

Weekly Course Hours	
Course Level	
Name of the course	
Credits of the Course	
ECTS credits of the course (if selected)	
Teaching language at Host Institution	



..... UNIVERSITY

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(ACADEMIC YEAR) (TERM)

ACADEMIC STAFF MOBILITY PROGRAMME

Personal Information	Name-SurnameGender	
	Department-Programme name	Title
	Address	
	Telephone	E-mail
	Fax	

Home Institution	Name of Higher Education Institution		
	MEVLANA ID Code		
	Term	Fall Term	Spring Term Summer School
	Mobility Period		
	Planned Start Date		
	Planned End Date		
	Head of Department/Coordinator		
	Name-Surname		
	Address		
	Telephone	Fax	E-mail
	Signature Date		
	Institutional Coordinator		
	Name-Surname		
	Signature Date		

Host Institution	Name of the Institution
	MEVLANA ID Code
	Semester Fall Semester Spring Semester Summer School
	Mobility Period
	Planned Start Date
	Planned End Date
	Head of Department/Coordinator
	Name-Surname
	Address
	Telephone Fax E-mail
	Signature Date
	Institutional Coordinator
	Name-Surname
	Signature Date

Academic Information	MEVLANA Field Code
	Type of activity: Lecturing Seminar Workshop Other
	Degree: Associated degree BA MA Ph.D. Other
	Estimated number of potential student and academic staff beneficiaries if available

Added Value of the Mobility (Both for home, host institutions and academic staff)

Expected Outcomes
(Please specify the expected outcomes for all parties as a result of the mobility)

Study Programme

Course Name	Credit		Day	Time
	National	ECTS		

Signature of Academic Staff

Name of the Home Institution	Name of the Host Institution
Name/Surname/Title of the Authorized Person (Dean, Director etc.)	Name/Surname/Title of the Authorized Person (Dean, Director etc.)
Signature/Stamp	Signature/Stamp
Date	Date