



CGU INTERCONTINENTAL STAFF MOBILITY PROGRAMME

OFFER FORM

Name of my home university:

My home university belongs to the network:

(CGU, FAUBAI, CONAHEC, etc.)

CONTACT PERSON AT THE DEPARTMENT OFFERED BY MY UNIVERSITY FOR MOBILITY

(Person who will coordinate the logistic aspects of the mobility at host department)

Treatment:			
Name:			
Surname:			
Department:			
E-mail:			
Telephone:	+00	Fax:	+00
Webpage:			

DETAILS OF THE DEPARTMENT OFFERED BY MY UNIVERSITY FOR MOBILITY

(Note that universities must fill in one form per department open for mobility)

Name of the department:	
Description of activities carried out at the department:	

PERIOD OF STAY

Number of weeks for the working visit: (1 or 2 weeks)	Dates proposed for mobility: (They must be between March and 15 th December 2017)	From	to
--	---	------	----

WORKING LANGUAGES

English:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spanish:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/s:	
----------	--	----------	--	----------	--

INSTITUTION CONTRIBUTION

Accommodation: (Mandatory if the department is open to Intercontinental mobility)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/s: (E.g. pick up service, transport, etc.)	
Signature: (To be signed by the coordinator of the programme at the university)	Date of signature: Stamp: