



Erasmus

Staff Training Mobility



Application Form

Applicant	Name	
	ID Nr.	
	Position	
	Address	
	Phone & Fax	
	E-mail	

Name of Home Institution	NECMETTİN ERBAKAN UNIVERSITY
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Faculty	
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Department	
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Erasmus ID Code:	TR KONYA04
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Name of Host Institution / Enterprise	
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Erasmus ID Code	
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Department at Host Institution/Enterprise	
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Host Institution/Enterprise Contact Person	Name	
	Position	
	Address	
	Phone & Fax	
	E-mail	

Information on Host Institution / Enterprise

Size of Institution/Enterprise:	<input type="checkbox"/> Small (1-50 working staff) <input type="checkbox"/> Medium (50-250 working staff) <input type="checkbox"/> Large (250 and up working staff)
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Sector	
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Language	
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Duration of Mobility:	Number of Days: Duration: ___/___/___ - ___/___/___
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Purpose of Mobility:	
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Expected Outcomes:	
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Date: ___/___/_____	Signature of Applicant: _____
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Erasmus Staff Training Mobility
Work Plan

Date	Program

Approval of Home Institution

Approved By:

Title: **Erasmus+ Office Coordinator**

Signature: _____

Date: __/__/____

Stamp:

Approval of Host Institution

Approved By: _____

Title: _____

Signature: _____

Date: __/__/____

Stamp: