

Erasmus+ Outgoing Teacher and Staff
ACCEPTANCE OF MOBILITY

Please fill in the form and send it to the International Relations Office of Universidad del Atlántico Medio at movilidad@atlanticomedio.es

Academic year	_____	Semester	_____
Teacher/staff's name	_____	Teacher/staff's surname	_____
Sending institution	Universidad del Atlántico Medio (E LAS-PAL48)		Country <u>Spain</u>

The teacher/staff accepts the place at the selected institution, and for a duration of _____ days.

Depending on the availability of the Host Institution, it is possible to change both the dates and the destination.

<p>Teacher/staff's signature</p> <p>_____</p> <p>_____</p> <p>Date (dd/mm/yyyy)</p> <p>_____</p>	<p>International Relations Officer of the home institution's signature</p> <p>_____</p> <p>_____</p> <p>Date (dd/mm/yyyy)</p> <p>_____</p>	<p>International Relations Officer of the host institution's signature</p> <p>_____</p> <p>_____</p> <p>Date (dd/mm/yyyy)</p> <p>_____</p>
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