

## UMAP STAFF MOBILITY PROPOSAL

Planned period of the physical mobility: **From** \_\_\_\_\_ **To** \_\_\_\_\_

*Activities may be between 5 days (plus 2 days for travel) and 2 months.*

**The Staff Member** (non-academic staff only – Academic researchers should refer to the UMAP ResearchNet program)

Last name		First name	
Position/Title		Nationality	
E-mail			
Home Institution			
Home institution approver: name		Home approver: e-mail	

### **The Receiving Institution**

Name of Host contact		Faculty/Department/ Office	
Host Institution		Country	
Host contact e-mail		Approver e-mail if different from host	

### **I. PROPOSED MOBILITY PROGRAM**

**LANGUAGE OF TRAINING:** \_\_\_\_\_

**Outline the objectives of the proposed staff mobility experience and connect the proposed activity to the strategic objectives of your home institution.**

**Describe specific activities to be undertaken – including any pre/post travel virtual components.**

**What are the expected outcomes and impacts on your professional development and career trajectory?**

**Describe how the proposed mobility experience will enhance the UMAP network or strengthen UMAP programs.**

**Budget: You may request up to \$1500 with this application.** *Please list any sources of support, including in-kind (such as local housing or transportation) or monetary, that may be offered by the home or host institution or other source.*

	Estimated Cost	Amount to be paid from UMAP Mobility Fund	Amount of other matching, in-kind or cost-share funds	Source of other funds
Round Trip Travel				
Accommodation				
Meals				
Local Transport				
Fees				
Other				
<b>TOTALS</b>				

## II. COMMITMENT OF THE THREE PARTIES

By signing<sup>1</sup> this document, all parties confirm that they approve the proposed mobility agreement.

On completion of the program staff member agrees to share their experience and its impact as a source of inspiration to others.

<p><b>The staff member/applicant</b></p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>
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<p><b>The home institution approving authority</b></p> <p>Name of the responsible person: _____</p> <p>Signature: _____ Date: _____</p>
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<p><b>The host institution approving authority</b></p> <p>Name of the responsible person: _____</p> <p>Signature: _____ Date: _____</p>
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**Please attach of copy of your professional resume to this document when uploading it to the [Google Form!](#)**

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1. <sup>1</sup>Circulating papers with original signatures is not required. Scanned copies of signatures or electronic signatures may be accepted