

SEMP – Swiss-European Mobility Programme (Erasmus) Teaching Staff Mobility

January 2019

Application Form

Please complete the application form and forward to:

University of Lucerne / Mobility Office / Frohburgstrasse 3 / P.O. Box 4466 / CH-6002 Lucerne

Phone +41 41 229 50 65 / Email mobility@unilu.ch

1 Teaching Staff Member

FROM University of		Erasmus Code
Name	First Name	Title
Function		
Street/ No.		
ZIP code	City	
Phone		
E-Mail		
Date of Birth	Social Security Number	
Nationality		
Preferred Language	<input type="checkbox"/> German <input type="checkbox"/> Other	

2 Contact Person at Host University

TO University of		
Erasmus Code of University		
Department		
Name	First Name	Title
Function		
Phone		
E-Mail		

3 Title of the Teaching Assignment

Name of educational programme or course
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4 Duration and reason of the exchange (min. 2 days, max. 2 months and min. 8 lectures per week)

When does the exchange take place	<input type="checkbox"/> fall semester 20..	<input type="checkbox"/> spring semester 20..
Number of days of your stay	from	to
Number of teaching hours per week		
Language of instruction		
Level of study	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate	
During your exchange, do you have sufficient insurance cover for health (including pregnancy/ birth), accident and personal liability insurance?		
<input type="checkbox"/> yes, I have checked my insurance cover (in consultation with my superior and/or my insurance)		
<input type="checkbox"/> no (reason):		

5 Support

To what extent and in what form are you receiving support from the University of Lucerne or your home university?

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6 Enclosures

1) For Incomings and Outgoings:
- Form "Teaching Programme"

2) Only for Outgoings:
- Provisional budget of travel expenses (please write down here):

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7 Signature

All data is strictly for internal use.

Place and Date

Signature, Teaching Staff Member

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8 Confirmation by Department of the University of Lucerne

For Incomings and Outgoings:

Department: please write a short explanation as to why this application for teaching staff exchange should be approved:

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Place and Date

Signature, Director of Department (or proxy)

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Place and Date

Signature, Dean of Faculty

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