Mobility and Post-mobility Scientific Project and Agreement

**EMINENCE II Post-doc Scholarships**

This application document, mandatory for Post-doc candidates, is a proposal agreed by the candidate and Universities involved in the mobility (Home and Host Universities), certifying the interest of the parties to implement the activity.

This document will be used, during and after mobility:
1. in the application phase it must be uploaded with the application (section I - Mobility and post-mobility project proposal must be filled in and duly signed – signatures must be obtained in scan);
2. during the mobility it should be updated to keep track of changes in the activity (section II - Final mobility agreement to be signed before arrival and section III - changes to originally proposed research / training / teaching plan – filled in if applicable during the mobility);
3. home university will use it in conjunction with the Post-doc Student Report and Post-doc Student’s Supervisor Assessment Form (periodical and final) for the recognition of the mobility period abroad.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Family name:</th>
<th>Second/middle name (optional):</th>
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### SECTION I. Mobility and Post-Mobility Project - proposal to be agreed by home and host university and applicant at the time of application

#### 1. Identification of mobility

Please give the details of your desired mobility, according to prior, preliminary agreement with host university:

| Name of the **Host University** : (one of EMINENCE II Partner universities) | |
| Name of faculty/ department/unit to which you will be attached for your post-doctorate studies | |
| Name and position of academic supervisor at Host University | |
| Phone and e-mail of academic supervisor | |

Please give the details of your academic affiliation and background:

| Name of the **Home University** : | |
| Name of faculty/ department/other unit to which you belong: | |
| Name of head of this unit | |
| Theme of your PhD thesis and date of award of doctoral degree: | |

#### 2. Mobility project proposal

1. Present your scientific project that you want to carry out in the host university (max. 20 lines)

2. Define in which manner this mobility is useful and relevant for your academic development

Define synthetically (max. 20 lines) all the valuation elements which will allow us to appreciate the interest and the importance of this mobility for your research project (in an academic and/or professional point of view). This information is complementary to the documents you will add to your file (CV, academic records)

#### 3. Post-mobility project

Describe how will you share/introduce/implement your knowledge, skills, methods, ideas, solutions gained during your mobility with/to your home university/ its scientific community after return - please give concrete actions, other persons involved etc. (max. 20 lines).

Add any other information that can give advantage to your application

#### 5. Signatures:

**Home University**

We confirm that the proposed research/study proposal is approved and will be recognized at our university once the beneficiary returns from his/her mobility.

**Academic – Faculty/Department Level** (head of unit)

Name: ____________________________

Signature: _________________________

Date: __ __ / __ __ / __ __ __ __

**EMINENCE II Local coordinator at Home University**

Name: ____________________________

Signature: _________________________

Date: __ __ / __ __ / __ __ __ __

**Host University**

We confirm that the proposed research/study proposal can be carried out at our university

**Academic – Faculty/Department Level**

Name: ____________________________

Signature: _________________________

Date: __ __ / __ __ / __ __ __ __

**EMINENCE II Local coordinator at Host University**

Name: ____________________________

Signature: _________________________

Date: __ __ / __ __ / __ __ __ __
SECTION II. Post-doc mobility Agreement – final program/workplan to be agreed by home and host university and selected beneficiary BEFORE arrival

STUDY PERIOD: From __ __ / __ __ / __ __ __ __ To __ __ / __ __ / __ __ __ __

FIELD OF STUDY: …………………

I. Identification of mobility

<table>
<thead>
<tr>
<th>Name of the Host University:</th>
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<tbody>
<tr>
<td>Name of faculty/department/unit to which you will be attached for your post-doctorate studies</td>
<td></td>
</tr>
<tr>
<td>Name and position of academic supervisor at Host University</td>
<td></td>
</tr>
<tr>
<td>Phone and e-mail of academic supervisor</td>
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</tbody>
</table>

DETAILS OF POST-DOCTORAL STUDY/RESEARCH PROGRAMME/WORKPLAN

If necessary, please continue on a separate sheet

HOME UNIVERSITY
We confirm that the proposed research/study proposal is approved and will be recognized at our university once the beneficiary returns from his/her mobility.

Academic – Faculty/Department Level (head of unit) EMINENCE II Local coordinator at Home University
Name …………………………………………… Name: …………………………………………………
Signature ……………………………….. Signature ………………………………………………
Date: __ __ / __ __ / __ __ __ __ Date: __ __ / __ __ / __ __ __ __

HOST UNIVERSITY
We confirm that the proposed research / study proposal can be carried out at our university

Academic – Faculty/Department Level EMINENCE II Local coordinator at Host University
Name …………………………………………… Name: …………………………………………………
Signature ……………………………….. Signature ………………………………………………
Date: __ __ / __ __ / __ __ __ __ Date: __ __ / __ __ / __ __ __ __
SECTION III - changes to originally proposed research / training / teaching plan to be agreed when necessary

If necessary, please continue on a separate sheet

Student’s (Beneficiary’s) Signature ……………… Date: …………………………

HOME UNIVERSITY
We confirm that the proposed research/study proposal is approved and will be recognized at our university once the beneficiary returns from his/her mobility.

Academic – Faculty/Department Level (head of unit) EMINENCE II Local coordinator at Home University
Name: …………………………………………………. Name: ………………………………………………….
Signature: ……………………………………………….. Signature: ………………………………………………….
Date: __ __ / __ __ / __ __ __ __ Date: __ __ / __ __ / __ __ __ __

HOST UNIVERSITY
We confirm that the proposed research / study proposal can be carried out at our university.

Academic – Faculty/Department Level EMINENCE II Local coordinator at Host University
Name: …………………………………………………. Name: ………………………………………………….
Signature: ……………………………………………….. Signature: ………………………………………………….
Date: __ __ / __ __ / __ __ __ __ Date: __ __ / __ __ / __ __ __ __