**Erasmus+ KA171**

**MOBILITY PROJECTS SUPPORTED BY EXTERNAL POLICY FUNDS**

**CALL 2025**

**Partner SHEET**

Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the University: (please use latin characters):

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OID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

International Office contact person, address, email:

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Please clarify the following points:

1. The completeness and quality of arrangements for the selection of participants, the support provided to them and the recognition of their mobility period
2. The extent to which the planned mobility project is relevant to the internationalization strategy of the higher education institution.
3. Indicators to identify student with fewer opportunities. By this, the European Commission intends students "who for economic, social, cultural, geographical or health reasons, due to their migrant background, or for reasons such as disability or educational difficulties or for any other reason, face obstacles that prevent them from having effective access to opportunities under the Erasmus Program”.
4. The potential impact of the project on your institution, participants, beneficiaries at local, regional and national level.
5. The quality of measures aimed at disseminating the results of the mobility project at faculty and institution levels, and beyond where applicable.

Name of the signatory: ...........................................................................................

Function: ..................................................................................................................

Signature and stamp :

Date: