**‘Force majeure’ Report Form**

1. **First name and surname of mobility participant:**
2. **E-mail address and phone number of mobility participant:**
3. **Address of residence of mobility participant:**
4. **Type of your mobility (please select the appropriate one):**

|  |  |
| --- | --- |
| *Student mobility for studies* | *Staff mobility for training* |
|  |  |
| *Student mobility for internship* | *Staff mobility for teaching* |

1. **Name of your host university/institution and planned period of your mobility (from DD/MM/YYYY to DD/MM/YYYY)**
2. **Please provide the description of the event that happened:**
3. **Please list the documents you submit to this form:**

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*Date and signature of mobility participant:*