**‘Force majeure’ Report Form**

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| --- | --- |
| **First name and surname of mobility participant** |  |
| **E-mail address and phone number  of mobility participant** |  |
| **Address of residence of mobility participant** |  |

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| --- | --- |
| **Type of your mobility (please select the appropriate one)** |  |
| |  |  | | --- | --- | | *Student mobility for studies* | *Staff mobility for training* | |  |  | | *Student mobility for traineeship* | *Staff mobility for teaching* | |

|  |  |
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| **Name of your host university/institution and planned period of your mobility**  ***(from DD/MM/YYYY to DD/MM/YYYY)*** |  |
| **Please provide the description of  the event that happened** |  |
| **List of the documents attached to the report form** |  |

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*Date and signature of mobility participant*