**‘Force majeure’ Report Form**

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

|  |  |
| --- | --- |
|  **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* [ ]  |

 |

|  |  |
| --- | --- |
| **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** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Date and signature of mobility participant*