

## 'Force majeure' Report Form

<b>First name and surname of mobility participant</b>	
<b>E-mail address and phone number of mobility participant</b>	
<b>Address of residence of mobility participant</b>	
<b>Type of your mobility (please select the appropriate one)</b>	
<p><i>Student mobility for studies</i> <input type="checkbox"/> <i>Staff mobility for training</i> <input type="checkbox"/></p> <p><i>Student mobility for internship</i> <input type="checkbox"/> <i>Staff mobility for teaching</i> <input type="checkbox"/></p>	
<b>Name of your host university/institution and planned period of your mobility</b> <i>(from DD/MM/YYYY to DD/MM/YYYY)</i>	
<b>Please provide the description of the event that happened</b>	
<b>List the documents you submit to form</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>

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*Date and signature of mobility participant*