# Introducción a la inteligencia artificial para problemas científicos (1ª  edición)C:\Users\SM.5035726\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\303EAEC7.tmp

# ANEXO V

**Propuesta de movilidad/Plan de actividades para Doctorandos**

1. **Personal and academic details / Datos personales y académicos**

| Name/Nombre |  | Passport no. |  |
| --- | --- | --- | --- |
| Surname/Apellidos |  |
| Date of Birth/Fecha de Nacimiento |  | Gender/Género |  |
| Place of Birth/Lugar de Nacimiento |  |
| Nationality/Nacionalidad |  | Telephone/Teléfono |  |
| E-mail/Correo Electrónico |  |
| Main Academic Field/Sector Educativo Principal |  |

| Institution Name/Nombre de la institución | UNIVERSIDAD AUTÓNOMA DE MADRID |
| --- | --- |
| Faculty/Facultad |  |
| Address/Dirección |  | Country /País | ES |

| Contact Person/Persona de Contacto |  |
| --- | --- |
| Position/Cargo |  | Telephone/Teléfono |  |
| E-mail/Correo Electrónico |  |

**Receiving Institution / Institución de Acogida**

| Institution Name/Nombre de la institución |  |
| --- | --- |
| Faculty/Facultad |  |
| Address/Dirección |  | Country /País |  |

| Contact Person/Persona de Contacto |  |
| --- | --- |
| Position/Cargo |  | Telephone/Teléfono |  |
| E-mail/Correo Electrónico |  |

1. **PROPOSED MOBILITY PROGRAMME / PROPUESTA DE MOVILIDAD**

Planned period of the mobility / Fechas previstas de la movilidad

| From/De*(day/month/year)* |  | To/A *(day/month/year)* |  |
| --- | --- | --- | --- |

Language Skills / Competencia Linguística

| Language / Idioma |  |
| --- | --- |
| Level / Nivel | *Level that the student has or agrees to acquire by the start of the study period**None* ☐ *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ |

| Language / Idioma |  |
| --- | --- |
| Level / Nivel | *Level that the student has or agrees to acquire by the start of the study period**None* ☐ *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ |

| Language / Idioma |  |
| --- | --- |
| Level / Nivel | *Level that the student has or agrees to acquire by the start of the study period**None* ☐ *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ |

Goals of the mobility / Objetivos de la movilidad

| Overall goals of the mobility / Objetivos generales de la movilidad |
| --- |
| *(main goals of the mobility)* |

| Added Value / Valor añadido de la movilidad |
| --- |
| *(within the context of modernization and internationalization strategies of the institutions involved)* |

| Foreseen activity / Actividades previstas |
| --- |
| *(Activities carried out during the mobility)* |

| Expected impact / Resultados e impacto previsto |
| --- |
| *(i.e. Skills and capabilities development, improvement of competences, professional development, etc.)* |

## **APPROVAL OF THE PARTIES / APROBACIÓN DE LAS PARTES**

By signing this document, the teaching staff member, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the teaching staff member.

The teaching staff member will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

| **Candidate /Solicitante** |
| --- |
| Full Name / Nombre Completo |  | Date / Fecha |  |
| Signature / Firma |

| **Sending Institution / Insitución de origen** |
| --- |
| Organization Name / Nombre la Institución |  |
| Person Responsible / Nombre del responsible |  |
| Position / Cargo |  | Date / Fecha |  |
| Signature / Firma |

| **Hosting Institution / Insitución de acogida** |
| --- |
| Organization Name / Nombre la Institución |  |
| Person Responsible / Nombre del responsible |  |
| Position / Cargo |  | Date / Fecha |  |
| Signature / Firma |