FORCE MAJEUR

Interruption of Erasmus+ Mobility

FORM for HEIs to submit evidence for the early return participant

Erasmus+ KA103 and KA107

The HEI must submit this Form to NA as an explanation of the early return (force majeur).

All decisions regarding funding for short durations will be decided by the NA (EDUFI) on a case by case basis.

**Completed form with the attachments must be sent to** [**erasmus@oph.fi**](mailto:erasmus@oph.fi)

**Please see EDUFI’s operational guide for beneficiaries (in Finnish):**

Erasmus+ korkeakoulutukselle - KA103 ja KA107 - Opas korkeakouluille ja konsortioille

4.2.9 Liikkuvuusjakson keskeyttäminen

PROJECT INFORMATION:

|  |  |
| --- | --- |
| **Project Type:** | Select type |
| **Project Code:** | Fill here |
| **Organisation Name:** | Fill here |
| **Contact Person Name:** | Fill here |
| **Date of submission** | dd/m/yyyy |

FORCE MAJEUR INFORMATION:

|  |  |
| --- | --- |
| **Participant name:** | Fill here |
| **Mobility type:** | Select type |
| **KA107: Partner organisation name:** | Fill here, only in case of ka107 |
| **KA103: Receiving organisation name and country:** | Fill here, only in case of 103 |

HEIs explanation for the early return if necessary: (reference to the doctor’s note for illness, or explanation of the particular force majeur).

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| HEI can add here explanation if finds necessary… |

Duration of the mobility:

|  |  |  |
| --- | --- | --- |
| **Planned duration of the mobility:** | Start date | End date |
| **Duration of the mobility with the early return** | Start date | End date |

|  |  |
| --- | --- |
| **Paid E+ mobility grant in euros:** | Fill here euros |
| **Costs of the mobility reported by the participant in euros:** | Fill here euros |

**Compulsory attachments:**

Participant's written report on the reasons lead to the interruption of the mobility

Participant's written record on the incurred real costs (do not attach receipts)

In the case of illness attach a doctor's note for illness

Letter of confirmation by the receiving organisation

Information about the planned duration of the mobility and about the paid mobility grant

**Decision by the National Agency – Finnish National Agency for Education (EDUFI)**

**Erasmus+ Office**

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| --- |
| **Date:** dd-m-yyyy  **Name of the administrator:** Name  **Justification by the NA:**  Decision described by the administrator |