

**NORTH2NORTH STAFF MOBILITY
APPLICATION FORM**

Applicant's name:

Applicant's position:

Email:

The Sending Institution:

Faculty/Department:

Approved by
(Signature, e.g. Head of Department):

The Receiving Institution:

Faculty/Department:

Contact person, name and position:

Contact person, email:

Date:
Contact person's signature:

**Planned period and length of stay:
(Excluding travel days)**

Overall objectives of the mobility:

Activities to be carried out:

Place/date:

Applicant's signature:

Deadline: October 1