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| https://members.uarctic.org/media/1318839/uarcticnorth2northlogocmyk.png **NORTH2NORTH STAFF MOBILITY 2020/2021**  **APPLICATION FORM** | |
| **Planned period and length of stay (excluding travel days):** | |
| **Applicant’s name:**  Applicant’s position:  E-mail: | |
| **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, e-mail  **Date: Contact person’s signature:** | |
| **Overall objectives of the mobility:** | |
| **Activities to be carried out:**  **Other comments:** | |
| **Place/date**  **Applicant’s signature** | **Institutional n2n contact’s signature:** |