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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:** |