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| https://members.uarctic.org/media/1318839/uarcticnorth2northlogocmyk.png**NORTH2NORTH STAFF MOBILITY (academic and administrative)** **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:** |