



**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: March 1**