

**APPLICATION FORM**

**participation in “Nordic-Baltic Network in Corporate and International Finance” teachers’ mobility program**

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| --- | --- |
| 1. **Teacher name, surname:**
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| 1. **Home institution, Country**
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| 1. **Position:**
 |  |
| 1. **E-mail:**
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| 1. **Phone:**
 |  |
| 1. **Host institution, Country**
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| 1. **Planned period and duration of Exchange**
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| 1. **Specify the expected mobility programs:**

(The minimum duration of the teacher exchange is 8 teaching/working hours)  |
| 1. **Other activities**
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Place and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your application by e-mail to ramona.rupeika-apoga@lu.lv.