

**APPLICATION FORM**

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

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| --- | --- |
| 1. **Teacher name, surname:** |  |
| 1. **Home institution, Country** |  |
| 1. **Position:** |  |
| 1. **E-mail:** |  |
| 1. **Phone:** |  |
| 1. **Host institution, Country** |  |
| 1. **Planned period and duration of Exchange** |  |
| 1. **Specify the expected mobility programs:**   (The minimum duration of the teacher exchange is 8 teaching/working hours) | |
| 1. **Other activities** | |

Place and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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