



UNIVERSITY OF MOSTAR

APPLICATION FORM FOR STAFF EXCHANGE

NAME:		
DATE OF BIRTH		
PLACE AND STATE OF BIRTH		
CITIZENSHIP		
ID CARD / PASSPORT NUMBER		
SEX	М	F
CURRENT ADDRESS (street, city)		
PERMANENT ADDRESS (if different) (street, city)		
TELEPHONE AND MOBILE PHONE		
E-mail (only 1 valid address), preferably containing name and las name	t	
FACULTY / DEPARTMENT		
THE SELFTINITIES		
CURRENT POSITON / FUNCTION		
HAVE YOU ALREADY BEEN ABROAD AS STAFF MOBILITY? IF YES, WHICH TYPE OF MOBILITY (teaching/ trening), AT WHICH UNIVERSITY AND WHEN (please indicate the previous mobility period)?		
I WISH TO APPLY FOR A STAFF EXCH.	ANGE AT:	
HIGHER EDUCATION INSTITUTION (UNIVERSITY) AND COUNTRY		
FACULTY		
DEPARTMENT		





Erasinas	U MOSTARU
TERM (SPRING OR WINTER) with	
expected dates of arrival and	
departure, if possible	
DURATION IN DAYS	
PURPOSE OF YOUR STAY	
(teaching or training)	
(teaching of training)	
HAVE YOU ALREADY BEEN	
INVITED BY THE HOST	
INSTITUTION (invitation or	
acceptance letter)?	
DOUBLE FINANCING	
DOODEE I IIV (IVEIIVO	
Lhoroby state under criminal and m	naterial responsibility, that my study period abroad shall
not be financed by other sources or	
Hot be illianced by other sources of	iginating from the Lorunds.
Signature:	
Signature.	
APPENDIXES	
ALL ENDINES	
Appendixes to be submitted to this	application form:
1) CV in English	
2) motivation letter in English	
3) certificate of foreign language kr	
4) invitation or acceptance letter by	the host institution
5) passport copy	
Place and date:	
Signature:	