



Erasmus+



UNIVERSITY OF MOSTAR

APPLICATION FORM FOR STAFF EXCHANGE

NAME:		
DATE OF BIRTH		
PLACE AND STATE OF BIRTH		
CITIZENSHIP		
ID CARD / PASSPORT NUMBER		
SEX	M	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 last name		

FACULTY / DEPARTMENT	
CURRENT POSITION / FUNCTION	
HAVE YOU ALREADY BEEN ABROAD AS STAFF MOBILITY? IF YES, WHICH TYPE OF MOBILITY (teaching/ training), AT WHICH UNIVERSITY AND WHEN (please indicate the previous mobility period)?	

I WISH TO APPLY FOR A STAFF EXCHANGE AT:

HIGHER EDUCATION INSTITUTION (UNIVERSITY) AND COUNTRY	
FACULTY	
DEPARTMENT	



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TERM (SPRING OR WINTER) with expected dates of arrival and departure, if possible	
DURATION IN DAYS	
PURPOSE OF YOUR STAY (teaching or training)	
HAVE YOU ALREADY BEEN INVITED BY THE HOST INSTITUTION (invitation or acceptance letter)?	

DOUBLE FINANCING

I hereby state, under criminal and material responsibility, that my study period abroad shall not be financed by other sources originating from the EU funds.

Signature:

Place and date:

Signature: