**ADMINISTRATIVE STAFF MOBILITY**

**APPLICATION FORM**

**The Administrative Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Date of Birth |  | Sex [*M/F*] |  |
| Passport Nr. and date of issue / Personal ID |  | Tel: |  |
| E-mail |  | | |
| Representing Department at the University |  | | |

**Selected Receiving Institution**

|  |  |
| --- | --- |
| Name of University u are you are apllying for |  |

Language of communicatio: **English**

Proof of language proficiency (B2) ☐ (International certificate, Internal test result)

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| **Aims and prosperous outcomes of the mobility:** |

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| **The Staff Member:**  Name:  Signature: Date: |