



INTERCONTINENTAL STAFF MOBILITY PROGRAMME

Application form for Intercontinental mobility

Home university:

The home university belongs to:
(CGU, CONAHEC, ANR, etc.)

| | |
|--|-------------------------|
| Treatment: | |
| Name: | |
| Surname: | |
| Position: | |
| Department: | |
| Area: | |
| E-mail: | |
| Telephone: | |
| Indicate by order of preference 3 departments you would like to visit: | |
| <u>Id offer n°</u> | <u>Host Institution</u> |
| 1 st | |
| 2 nd | |
| 3 rd | |
| What are your expectations from the exchange and how will your home institution/service would benefit from your experience (250 characters maximum): | |
| | |
| Brief C.V.-studies or expertise relevant to the action (250 characters maximum): | |
| | |
| Signature: | |
| Date: | |