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| Barents Regional Scholarship Program  logo | |
| **APPLICATION FORM FOR TEACHERS** | |
| **Applicant’s name:** | |
| **Home institution:** | |
| **Host institution:**  **Name of academic contact person:** | |
| **Subject area:** | |
| **Exchange objectives:** | |
| **Length of stay (in weeks):**  **Dates:**  **Weeks:** | **Lecturing (minimum 4 hours per week)** |
| **Place/date** | **Applicant’s signature** |