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| Barents Regional Scholarship Programlogo |
| **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** |