**Application for financial support**

**for a long-term study and research mobility**

|  |  |
| --- | --- |
| First name, last name, degree: |  |
| Contact details (e-mail, phone number): |   |
| Faculty, department: |   |
| Name of the receiving institution: |   |
| Country: |   |
| Dates of mobility (from – to): |   |

I apply for a financial support for a long-term study and research mobility abroad for \_\_\_\_ months (the minimum length of stay is 2 months, the maximum length is 6 months).

 date and signature of the applicant

**The approval of the long-term study and research mobility abroad:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First name, last name | Date | Signature | Stamp of the department |
| Tutor |  |  |  |  |
| Head of the Department |  |  |  |
| Vice-Dean for Research/ Doctoral Studies |  |  |  |
| Vice-Dean for International Relations |  |  |  |

**Required attachments:**

1. Motivation letter
2. Acceptance letter of the foreign institution

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