



Application for Professional Training Leave

Research Administration
RHA
Borgir
600 Akureyri
Telephone: 460-8900
Fax: 460-8919

Name: _____ Identification Number: _____

Professional Title: _____ Telephone: _____

Faculty/institute: _____

Employed by University of Akureyri since: _____ E-mail Address: _____

Last Professional Training Leave: _____

Report on Last Professional Training Leave: _____

Period Applied for: _____

Thereof Period Abroad: _____ Period Abroad: _____

Place of Stay Abroad: _____

Grants from Other Parties during Professional Training Leave: _____

Type of Professional Training: _____

Cursory Description of Projected Professional Training: _____

Signature:

Applicant's Signature

Date:

Faculty/institute Confirmation: