

To:
Master of International Business Program
Office

From:

(Last name)

(First name)

(Patronym, if applicable)

I hereby request to take part in the autumn semester 2024 international academic mobility program offered by the MIB partner university in the following order of priority (where 1 is most preferable):

1. _____
(University, Country)

2. _____
(University, Country)

(Date)

(Student's signature)

The application has been received by the MIB office:

For program office use only

Average grade ____/10

Current ranking _____

(Signature)

(Full Name)

(Date)