**OVERWORLD PROGRAMME**

**ACTION 1 – International Collaboration Projects**

**Academic Year 2017/2018**

**UNIVERSITY OF PARMA COORDINATOR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Name |  |
| Nationality |  | Reg. n. |  |
| Tax code |  |
| Role |  |
| Academic discipline |  |
| Department: |  |

**PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| **PARTNER INSTITUION COUNTRY** |  |
| **FULL NAME OF THE PARTNER INSTITUTION** |  |
| **NAME OF COORDINATOR AT PARTNER INSTITUTION** |  |
| **IF NOT ALREADY ACTIVE, THE UNIVERSITY OF PARMA COORDINATOR DECLARES THAT THE INTERNATIONAL COLLABORATION AGREEMENT WILL BE SIGNED BY 5TH MAY 2017.** |
| **ACTION/S PLANNED IN THE PROJECT** | 1. **[ ]** Students study-abroad periods for preparation of dissertations and thesis;
2. [ ]  Students study-abroad periods for the attendance of University courses and the preparation of their thesis or dissertation;
3. [ ]  Mobility for double-degree activities;
4. [ ]  Study-abroad periods for the attendance of non-conventional activities (i.e.: Summer Schools);
5. [ ]  Mobility of faculties and researchers.
 |
| **Total number of mobility students (from Parma to partner HEI):** |  | AVERAGE duration (in months) of each student mobility: |  |
| **Study level** | [ ]  1st CYCLE DEGREE (BA LEVEL)[ ]  2nd CYCLE DEGREE (MA LEVEL)[ ]  SINGLE-CYCLE DEGREE[ ]  SPECIALIZATION SCHOOL |
| **Number of mobility faculties/researchers (from Parma to partner HEI):** |  | AVERAGE duration of mobility (in weeks) of each faculty/researcher: |  |
| **SHORT PROJECT DESCRITPTION:** |
|  |
| **UNIPR COORDINATOR DECLARES HIS/HER AWARENESS ABOUT THE COMPULSORY RECOGNITION OF ACTIVITIES CARRIED OUT BY SELECTED STUDENTS DURING THEIR MOBILITY PERIOD** |  |

**SELECTION OF STUDENTS**

|  |  |
| --- | --- |
| **Are mobility students already selected at this proposal stage?** |  |
| If YES,please specify which selection criteria were adopted | [ ]  evaluation of language competence;[ ]  evaluation of academic performance[ ]  evaluation of motivational aspects;[ ]  other (please, specify) |
| If YES,please complete the table with the names, surnames and registration numbers of the selected students | 1.
2.
3.
4.
5.
6.
7.
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13.
14.
15.
 |
| If NO,Please specify the selection criteria that will be adopted | [ ]  evaluation of language competence;[ ]  evaluation of academic performance[ ]  evaluation of motivational aspects;[ ]  other (please, specify) |

**FINANCIAL PLAN**

Please attach the available Excel file containing the analytical budget plan to this project proposal.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TOTAL COST OF THE PROJECT** | **DEPARTMENT CO-FUNDING** | **TOTAL GRANT REQUESTED\*** |
|  |  |  |  |
| **\***: The maximum grant allowed is € 12.000,00. |

Date: 06/04/2017

 Signature and stamp of the partner HEI Coordinator

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UNIPR Coordinator signature

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