

UNIVERSITÀ DEGLI STUDI DI PARMA

OVERWORLD PROGRAMME ACTION 1 – International collaboration projects with partner HEIs Academic Year 2016/2017

UNIPR COORDINATOR DETAILS

Surname	Name	
Place of birth	Province	
Date of birth	Age	
Nationality	UNIPR ID code	2
Tax code		
Department		

PROJECT DESCRIPTION

INTERDEPT. PROJECT		Y	ES					
If YES, please declare which UNIPR additional Department is involved:		DEP	DEPT. OF					
If YES, please declare the name of the UNIPR partner Department coordinator:			Prof.					
PARTNER UNIVERSITY INVOLVED OIN THE PROJECT PROPOSAL				()			
IS THE INTERNATIONAL AGREEMENT BETWEEN UNIPR AND THE PARTNER UNIVERSITY ALREADY SIGNED?								
If NO, in order to preserve the eligibility of the project proposal, it is agreed that the international collaboration agreement will be written, approved and signed by 1st July 2016.				nd				
ACTION/S FORESEEN BY THE 2. PROJECT 3. (more than one option is allowed) 4.		2. Sta 3. Mo 4. Sta	 Stay abroad for attendance of academic course units and dissertation purposes Mobility in the framework of joint/double titles activities Stay abroad for the attendance of non-conventional activities (see Call) 					
Number of planned mobility students:			Mobility	duration (in month	ns) per student			
Mobility students study level and degree (specify if L, LM, LMC, SS)		ee						
1st CYCLE STUDIES Legenda: 2nd CYCLE STUDIES			L – Laurea Triennale (1st cycle degree/Bachelor level)					
			LM – Laurea Magistrale (2nd cycle degree/Master level) LMC – Single cycle degree					
3rd CYCLE STUDIES			SS – School of Specialization (3rd cycle studies – NO PHDs allowed)					
Number of mobility faculties/researchers:			Mobility duration (in weeks) per fa	aculty/researcher:			

With reference to student mobility, is full recognition in credits of activities carried out abroad foreseen?

STUDENT SELECTION CRITERIA

Have participating students already been selected at the actual project submission phase?				
If YES, please declare the adopted selection criteria:	 evaluation of language competences evaluation of academic performance evaluation of motivation other (please, specify) 			
If YES, please list the names and the registration numbers of the selected students	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.			
If NO, please detail the criteria that will be adopted during the future selection phase:	 evaluation of language competences evaluation of academic performance evaluation of motivation other (please, specify) 			

FINANCIAL PLAN

A) DESCRIPTION	B) UNIT COST (in €)	C) TOTAL COST (in €)	D) AMOUNT CHARGED ON THE PROJECT (in €)*
Students grants			
Travel and subsistence costs for faculties and researchers			
Travel and subsistence costs for administrative staff			
	TOTAL		**

*: the Department may co-fund the project. In such a case, the D) column must exclusively report exclusively the financial amount charged on the project funding

**: the maximum funding available per project is € 10.000,00 for projects involving one single UNIPR Department and € 20.000,00 for project proposals involving two or more UNIPR Departments.

Date: _____

Stamp and signature of the partner institution coordinator

In case of interdept. Project, stamp and signature of the UNIPR partner Department Coordinator

Stamp and signature of UNIPR project main coordinator