

# Euregio Mobility Fund

## Coordinator

First Name

Last Name

Contact Address

Email

University

Department/Faculty/Centre

## Partner n°1

First Name

Last Name

Contact Address

Email

University

Department/Faculty/Centre

## Partner n°2

First Name

Last Name

Contact Address

Email

University

Department/Faculty/Centre

# Euregio Mobility Fund

## Project

### *Project Title*

(Max 200 characters including spaces)

### *Project Acronym*

### *Duration*

(max 12 months)

## Beneficiaries

(please mark one or more options)

UNITN

UNIBZ

UIBK

Students

Estimated total number of students involved

Teachers

Estimated total number of teachers involved

## Project Type

(please mark the chosen option and give a brief description, max 300 characters including spaces)

Joint Lecture/Seminar

Virtual Exchange/COIL (online course with cross-border team-teaching)

Blended Mobility (course with a virtual and physical component)

# Euregio Mobility Fund

Summer/Winter School

Field Trip (within the Euregio)

Other

## **Project Description\***

(max. 2.000 characters including spaces)

# Euregio Mobility Fund

Budget Foreseen\*

Internal teachers/ Faculty members and Euregio students

UNITN

UNIBZ

UIBK

Travels

Accommodation and subsistence

Teaching

Fees for summer/winter schools  
(only for students)

External Teachers/Experts

Travels

Accommodation and subsistence

Teaching

Total

TOTAL

\*The costs per unit will be reimbursed by the University of affiliation according to its internal rules

I hereby confirm that the application is accompanied by written approval (email or letter) from the authorised Dean or Dean of Studies of all participating universities.

Date (dd/mm/yyyy)

Signature of the proposal submitting coordinator