EUREGIO MOBILITY FUND

Coordinator of the project proposal

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 *(please consider that projects involving all 3 Euregio universities receive a higher evaluation than those with only 2)*

First Name	
Last Name	
Contact Address	
Email	
University	
Department/Faculty/Centre	

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EUREGIO Mobility Project

Project Title *(max 200 characters including spaces)*

Project Acronym

Duration *(max 12 months)*

Beneficiaries:
(please consider that the primary focus is on student mobility, in line with the call specifications)

Mark one or more options:

☐ Students ☐ Estimated number of students involved

☐ Teacher ☐ Estimated number of teachers involved

☐ External speakers *(only if foreseen and max 3, in line with the call specifications)*

UNITN ☐ UNIBZ ☐ UIBK ☐

Specify the n° of students coming from each University

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

☐ Joint Lecture/Seminar

☐ Virtual Exchange or Blended Mobility Initiatives

☐ Field Trip

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☐ Summer/Winter School open to all three Euregio universities with a strong EUREGIO focus

☐ Joint Single Course

☐ Other initiative with a strong EUREGIO focus

Project Description

(Please explain the added value of the cooperation, with a particular focus on student mobility in max. 2.000 characters including spaces. Note that a maximum of three external speakers is allowed, and briefly describe their contribution)

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Budget

(please consider that the costs allocated to each unit are to be incurred, reported and reimbursed by the respective University of affiliation, in accordance with its internal rules and procedures)

Internal teachers/ Faculty members and Euregio students

	UNITN	UNIBZ	UIBK
Travels			
Accomodation and subsistence			
Teaching			
Fees for summer/winter schools (only for students)			

External Teachers/Experts

Travels			
Accomodation and subsistence			
Teaching			
Total	0,00	0,00	0,00

TOTAL 0,00

☐ The authorization from the coordinating University will be included as an attachment to the proposal.

Date (dd/mm/yyyy)

Coordinator's signature

(a digital signature is preferred; however, a scanned handwritten signature will also be accepted)