INTERNATIONAL OFFICE

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UNIKASSEL VERSITÄT

Application for Funding of a Group Mobility for a Blended Intensive Program Under the Erasmus Program

Department at the University of Kassel	
Contact person at the University of Kassel (Name, E-Mail, phone number (optional))	
Organizing institution abroad and location of the BIP	
BIP ID in the Beneficiary Module (if already available, it is assigned by the organizing institution)	
Title of the BIP	
Start date of the physical phase	
End date of the physical phase	
Number of ECTS credits to be awarded (at least 3 ECTS for the entire activity)	
Objectives and description (Content, target audience, partnership, contribution to the department's internationalization strategy)	
Learning & teaching methods and expected learning/training outcomes	

Participants

(If the names have not been fixed yet, the number of participants is sufficient)

Faculty *(with active teaching assignments in the BIP)*	*Staff*	*Students*

Name of Applicant	**Place, Date and Signature** , ,