

## BIP Application form for departments (*Goethe University: sending University*)

Please submit application documents no later than three months before the start of the mobility to <a href="mailto:erasmus-bip@uni-frankfurt.de">erasmus-bip@uni-frankfurt.de</a>

- the present application form
- confirmations from the partner university(ies)
- if applicable, e-mail, file of the coordinating partner with information about the BIP

Applicant of the GU Frankfurt (Name, department, institute, address, e-mail, telephone number)		
Responsible Erasmus+ coordination at the institute/department of the GU (Name, e-mail)		
Title of the GU module in which participation in the BIP is offered. Title of the course in which participation in the BIP is offered. (Optional)		
Country and city of realisation of the attendance ph	nase	
Time frame (please specify the time periods in the form	mat DD.MM.YYYY - DD.MM.YYYY)	
Total period of the BIP virtual phases + attendance phase:		
Virtual phase period or periods of the online phase(s):		
Attendance phase duration of the attendance phase in days (without travelling days, minimum 5 days, maximum 30 days):	·	
Period of the attendance phase:		
ECTS (at least 3 ECTS):		
Recognition (form of recognition of the BIP as part of the participant's studies):		
Semester in which the BIP is recognised:		

Planned mobilities		
Planned mobile students of the GU		
number of people, outgoing students:		
Planned mobile personnel of the GU		
number of people, outgoing personnel:		
Brief description of content		
Content, learning objectives, target group, examination format, language of instruction.		

## Host partner university

Institution (Name, department)
Country sity
Country, city
Organising person at the receiving university (Name, e-mail)
Contact details central Erasmus+ office/International Office
Link to the website with information on the BIP
(alternatively: e-mail, partner's file with information)
Partner university 2 (Institution, name, department, country, city)
Partner university 3 (Institution, name, department, country, city)

transparently
Please coordinate with the responsible Erasmus+ coordinator of the institute or department (see below).
I hereby apply for Erasmus+ mobility grants for the <i>Erasmus+ Blended Intensive Program-me</i> .
Date, signature of employee of Goethe University Frankfurt
te: I have taken note of the application
Date, signature of the Erasmus+ coordinator of the in-
stitute or department of Goethe University Frankfurt

Registration, selection and participation criteria must be documented and communicated

Important information: