

## INTERNATIONAL SUMMER & WINTER SCHOOL 2026

*(The form must be completed electronically and not handwritten)*

1. The undersigned wants to apply also for an Erasmus+ Blended Intensive Programme - BIP contribution:

YES	NO

### 2. NAME SUMMER - WINTER SCHOOL / BIP

NAME S/W school			
Period			
Date (in presence)	dd/mm/yyyy dd/mm/yyyy	- Duration (min 3 days; minimum 5 days for a BIP - travel days excluded)	n. days:
Date of the online part <sup>1</sup>	dd/mm/yyyy dd/mm/yyyy	-	n. hours:
Venue:			

### 3. PROPOSAL PRINCIPAL INVESTIGATOR \*

Name			Surname		
Role			E-mail		
Tel.		Fax		Cell.	
Institute/Department					

\* CV attached (short version)

<sup>1</sup> Compulsory and to be filled if you apply for a BIP



Academic and administrative staff

Academic and administrative staff

[illegible]

## 5. INTERNATIONAL PARTNERS

(If you apply also for a Blended Intensive Programme - BIP it is compulsory to involve at least 2 European universities - other than UNIPV - with a valid ECHE):

University:	
City / State:	
Erasmus Code (to be filled only if you apply also for a BIP):	
Name and surname of the faculty partner:	
Email of the faculty partner:	
Contact of the International Relation Office, name and surname of an officer and email (to be inserted only if you apply also for a BIP):	

*\* Required documentation to be attached<sup>2</sup>*

University:	
City / State:	
Erasmus Code (to be filled only if you apply also for a BIP):	
Name and surname of the faculty partner:	
Email of the faculty partner:	
Contact of the International Relation Office, name and surname of an officer and email (to be inserted only if you apply also for a BIP):	

*\* Required documentation to be attached<sup>2</sup>*

University:	
City / State:	
Erasmus Code (to be filled only if you apply also for a BIP):	

<sup>2</sup> As indicated in the Call (Art. 2): you have to submit at least 2 supporting letters showing the involvement of foreign faculties/partners.

If you are applying also for BIP funds, you have (see Art. 4 of the Call) to attach a commitment letter for any BIP partner, using the [template available online](#).



UNIVERSITÀ  
DI PAVIA



Name and surname of the faculty partner:	
Email of the faculty partner:	
Contact of the International Relation Office, name and surname of an officer and email (to be inserted only if you apply also for a BIP):	

*\* Required documentation to be attached<sup>2</sup>*

University:	
City / State:	
Erasmus Code (to be filled only if you apply also for a BIP):	
Name and surname of the faculty partner:	
Email of the faculty partner:	
Contact of the International Relation Office, name and surname of an officer and email (to be inserted only if you apply also for a BIP):	

*\* Required documentation to be attached<sup>2</sup>*

University:	
City / State:	
Erasmus Code (to be filled only if you apply also for a BIP):	
Name and surname of the faculty partner:	
Email of the faculty partner:	
Contact of the International Relation Office, name and surname of an officer and email (to be inserted only if you apply also for a BIP):	

*\* Required documentation to be attached<sup>2</sup>*

## 6. TARGETS

- ☐ Students BSc ☐ Student MSc
- ☐ PhD students
- ☐ Researchers
- ☐ Professionals, public or private employees

## 7. AIMS

Max 2000 characters

## 8. KEY FEATURES

Excellence/Innovatively, teaching activity by foreign lecturer, collaboration with other Institutes/Italian and/or foreign Universities, co-funding opportunities.

Max 2000 characters

## 9. METHODS AND WORKING PLAN

Summer/Winter school name, topic, activities (teaching plan and language, any workshop and/or laboratories, etc.)

Max 2000 characters

## 10. IMPACT AND DISSEMINATION OF THE RESULTS

Max 2000 characters



UNIVERSITÀ  
DI PAVIA



### 11. FUTURE SUSTAINABILITY

Max 1000 characters

### 12. DESCRIPTION OF THE VIRTUAL PART (compulsory for Blended Intensive Programme - BIP; to be filled only if applying also for a BIP)

Max 2000 caratteri

### 13. CREDITS (compulsory, even if applying for BIP)

ECTS Credits	<input type="checkbox"/> yes	N° credits	<input type="checkbox"/> NO
--------------	------------------------------	------------	-----------------------------

### 14. SOCIAL ACTIVITIES (IF ANY)

Max 1000 characters

The Coordinator of "Project Name"

Prof. NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

Signature \_\_\_\_\_

Date dd/mm/yyyy