

BIP Application form for departments
(Goethe-University: coordinating University)

Please send application documents to erasmus-bip@uni-frankfurt.de until 15th January at the latest.

Formal requirements:

- ✓ *At least 3 universities from 3 different Erasmus+ programme countries must take part*
- ✓ *There will be a physical stay of at least 5 to max. 30 days*
- ✓ *At least 15 mobile students/learning participants (= incomings) are travelling to GU*
- ✓ *There will be a virtual component/virtual collaboration between all participants*
- ✓ *At least 3 ECTS are awarded*
- ✓ *The BIP is set up as a course at the GU*
- ✓ *It is ensured that a bilateral or multilateral agreement exists between the participating universities*

I hereby confirm that I fulfil the formal criteria listed above.

Applicant of the GU Frankfurt

(Name, department, institute, address, e-mail, phone number)

Responsible Erasmus+ coordinator at the institute/department of the GU

(Name, e-mail)

Title of the BIP

Field of study

Study level (multiple answers possible)

BA MA PhD

Content description (Content, learning objectives, target group, examination format, language of instruction).	
BIP duration (total, incl. virtual part) dd.mm.yyyy - dd.mm.yyyy	
Physical stay <u>excl. travelling days</u> dd.mm.yyyy - dd.mm.yyyy	
Duration of physical component (in days)	
Semester	<input type="checkbox"/> Winter term <input type="checkbox"/> Summer term
Duration of virtual component (approximate, in days)	
Planned number of incomings (at least 10)	
Integrated in the course catalogue	<input type="checkbox"/> yes <input type="checkbox"/> no
ECTS awarded (min. 3)	

Partner university 1 (*mandatory):

Institution (Name, department)
Country, city
Organising person at the department (Name, e-mail)
Contact details central Erasmus+ office/International Office
<input type="checkbox"/> I hereby confirm that I am attaching email evidence of the BIP partnership with this university to this application or submitting it to erasmus-bip@uni-frankfurt.de with this application.

Partner university 2 (*mandatory):

Institution (Name, department)
Country, city
Organising person at the department (Name, e-mail)
Contact details central Erasmus+ office/International Office
<input type="checkbox"/> I hereby confirm that I am attaching email evidence of the BIP partnership with this university to this application or submitting it to erasmus-bip@uni-frankfurt.de with this application.

Partner university 3:

Institution (Name, department)
Country, city
Organising person at the department (Name, e-mail)
Contact details central Erasmus+ office/International Office
<input type="checkbox"/> I hereby confirm that I am attaching email evidence of the BIP partnership with this university to this application or submitting it to erasmus-bip@uni-frankfurt.de with this application.

Partner university 4:

Institution (Name, department)
Country, city
Organising person at the department (Name, e-mail)
Contact details central Erasmus+ office/International Office
<input type="checkbox"/> I hereby confirm that I am attaching email evidence of the BIP partnership with this university to this application or submitting it to erasmus-bip@uni-frankfurt.de with this application.

By signing the application form, the applicant confirms the data stated in the application form as well as compliance with the formal requirements applicable to the BIP.

I hereby apply for Erasmus+ mobility grants for the Erasmus+ Blenden Intensive Programme described above

Date, signature of employee GU Frankfurt

Departmental coordination:
I have taken note of the application.

Date, signature of departmental coordinator