

CALL FOR PARTNER FORM

Institution			
Contact Person			
Title-Position			
Department			
E-mail			
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Country		City	
Phone number			
Website			
INFORMATION ABOUT COOPERATION			
Field/s to collaborate	<p>Please, tick the appropriate one/ones:</p> <p><input type="checkbox"/> Exchange programs</p> <p><input type="checkbox"/> Joint projects</p> <p><input type="checkbox"/> Collaborative partner for event/s</p> <p><input type="checkbox"/> Academic relations</p> <p><input type="checkbox"/> Internship – Career programs</p> <p><input type="checkbox"/> Other*</p> <p>*: Please specify:</p>		
Discipline(s) / Academic field(s)			

Please complete the form electronically and return it to euras@euras-edu.org



<p>Types of institution(s) searched for:</p>	<p><input type="checkbox"/> Participant <input type="checkbox"/> Partner <input type="checkbox"/> Collaborative Partner <input type="checkbox"/> Other* *: Please specify:</p>
<p>Preferred regions / countries</p>	
<p>Languages spoken</p>	
<p>Other relevant information including experience in international cooperation (mobilities, projects, available study programmes in English language) (if applicable):</p>	

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