

## Erasmus+ Blended Intensive Program Application

### Stockholm University as coordinating or sending/participating university

This form should be submitted to the International Office at Stockholm University by e-mail: [erasmusutbyte@su.se](mailto:erasmusutbyte@su.se), no later than **December 31** for BIP-projects that are planned to be implemented in the upcoming year. The form should be signed by the project coordinator and the head of department.

Department at Stockholm University		
Project coordinator Name and email (at SU)		
International dept. coordinator Name and email (at SU)		
Role of Stockholm University	Role in partnership	Mobility activity role

### BIP partnership (>2 in addition to Stockholm University)

Name of university	Erasmus code	Role in partnership	Mobility Activity role (only if SU is coordinating)

## Student Services

## Blended Intensive Programme

Title of the blended intensive programme	
Type of participants targeted	
Level of study targeted (students)	Bachelor                      Master                      PHD
Field of education targeted (ISCED code - 4 digit)(students) <a href="#">Link to list</a>	
Priorities addressed	
Objectives and description of the programme (max. 1300 characters)	

## Student Services

<p>Learning and teachings methods and expected learning/training outcomes (max. 1300 characters)</p>	
<p>Virtual component description (max. 1300 characters)</p>	

## Student Services

Start and end date of the physical activity	to
Start and end date of the virtual activity	to
Number of ECTS credits awarded	
Main teaching/training language	
City of the venue	

**Only if Stockholm University is coordinator**

Number of planned mobile participants with Erasmus funding (min, 15) (teaching staff excluded)	
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**Only if Stockholm University is sending HEI**

Number of participants from SU (mobilities/participants who travel, teachers not included)	
Number of teachers from SU who will be involved	

**Confirmation**

<b>Head of department</b>	
Name	
Email	
Date, signature	
<b>Project Coordinator</b>	
Date, signature	

**Student Services**