**STUDENT MOBILITY**

**evaluation FORM[[1]](#footnote-2)**

|  |  |
| --- | --- |
| Project title | Development of master curricula for natural disasters risk management in Western Balkan countries |
| Project acronym | NatRisk |
| Project reference number | 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP |
| Coordinator | University of Nis |
| Project start date | October 15, 2016 |
| Project duration | 36 months |

|  |  |
| --- | --- |
| Reference no and title of workpackage | 7.3 Realization of student and staff mobilities between WB and EU partners |
| Institution |  |
| Report author(s) |  |
| Document status |  |
| Document version and date |  |
| Dissemination level |  |

Project number: 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP

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**SPECIAL MOBILITY STRAND – STUDENT MOBILITY DESCRIPTION**

|  |  |
| --- | --- |
| Number of participants |  |
| Student mobility description: | |
|  | |

**Attachments**

|  |  |
| --- | --- |
| **Number of reports** | Title |
| **Other personal remarks** | |
|  | |

**Problems encountered during the student mobility**

|  |
| --- |
| Please add your comments, if any: |

**Evaluation details**

**Results of evaluation the main motivations for taking part in this Erasmus+ mobility**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation the inclusion of different activities during the student mobility**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of learned good practices from abroad**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of done experiments during the student mobility**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of achieved new contacts**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of improved students’ foreign language skills**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

Please indicate your suggestions for further training’s improvement:

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Location, date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *This form has to be filled by WP7 Leader and sent on e-mail address:* natriskuni@gmail.com *five days after ending of activity 7.3.*  [↑](#footnote-ref-2)