**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

*"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein"*

**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)