***ERASMUS+ KA171 Partner Informational Form***

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| University Name |  |
| Legal Name of the Partner Institution and Department |  |
| Country |  |
| OID (Organizational ID Number) |  |
| contact channels (phone , email etc) |  |

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| What is your internationalization strategy? |  |
| Please list the fields of study that will be covered by the agreement. |  |
| Do you have any prior cooperation with institutions from other countries? If yes, explain shortly. |  |
| Who will be responsible to manage the mobilities? (From the international office and from the faculty) |  |
| Do you have a course catalogue or not? Provide a link please. |  |
| What is the Organizational ID number of Your Institution? |  |