



International Teaching and Learning Formats

Applicant – Universität Hamburg

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Applicant – Partner Institution

Name of the university: _____

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Name of the university: _____

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Project title: _____

1. In which format will the program take place?

virtual

blended

present

2. Which strategic partner institutions or profile partnerships are involved?

3. Which other partner universities are involved?

4. Was an ILLF application previously submitted for this collaboration?

Yes

No

If yes:

When? _____