

Institution _____

Address _____

tax code./ VAT _____

website _____ e-mail _____

tel. _____ fax _____

I, the undersigned _____

born in _____ on/...../.....

resident in _____ () street _____ n. _____,

profession _____ educational qualification _____

role in the Institution _____

ASK

the agreement of the Institution I represent as a **Partner** in European projects promoted by no profit Association I.S.P.E.F. *Istituto di Scienze Psicologiche dell'Educazione e della Formazione*, registered office in Rome, via D. Comparetti 55/A, according to the following European programs: (mark with an X the box of the Program of interest)

ERASMUS PLUS

KEY ACTION 1: LEARNING MOBILITY FOR INDIVIDUALS	
- Mobility of learners and staff	
- Joint Master Degrees	

KEY ACTION 2: COOPERATION FOR INNOVATION AND GOOD PRACTICE	
- Strategic Partnerships	
- Knowledge Alliances	
- Sector Skills Alliances	

KEY ACTION 3: SUPPORT FOR POLICY REFORMS.	
- European method coordinating European Semester	
- European tools	
- European Networks	

HORIZON 2020

PRIORITY: SOCIETAL CHALLENGES	
Europe in a changing world - Inclusive, innovative and reflective societies (AREA: Social Sciences & Humanities)	
Europe in a changing world - Inclusive, innovative and reflective societies (AREA: society)	

for the following reason _____

_____,/...../.....

in witness
(signature and stamp)

.....

The Executive Board of the I. S.P.E.F. , met on _____
agree
-----with the admission of _____
disagree

as a **Partner** in European Project

Rome, _____



I.S.P.E.F. President
Dr. Fausto Presutti