**ELECTIVE TEACHING ACTIVITIES PROPOSAL FORM**

**ACADEMIC YEAR 20     /20**

*Send the form to:* [*medicineandsurgery@unict.it*](mailto:medicineandsurgery@unict.it)

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| --- | --- | --- | --- | --- | --- |
| **Lecturer in charge**:Prof. | | | | | |
| Telephone number:  Booking method: | | | | | |
| **Elective teaching location**  For monographic course: Room Other location  For elective internships: Site/Department Company/Institution | | | | | |
| **Corresponding degree Course subject / teaching**:       SSD: | | | | | |
| **Name of the activity:** | | | | | |
| **Type:**   * Monographic Course * Elective Internship | | | Conversion  Monographic courses, seminars, conferences and similar: 15 hours = 1 CFU; 2 hours = 0.1 CFU  Elective clinical or laboratory internships: 25 hours = 1 CFU | | |
| **Number of students** | **Course year** | **Total duration in hours** | | **Teaching methods** | |
|  | □ 1st year  □ 2nd year  □ 3rd year  □ 4th year  □ 5th year  □ 6th year |  | |  | |
| **Minimum knowledge necessary to optimize the student's participation and/or any prerequisites** | | | | | |
| **Evaluation method** (interview, practical test, quiz, others): | | | | | |
| **Learning objectives** | | | | | **Calendar**   1. Date: 2. Date: 3. Date: 4. Date: 5. Date: 6. Date: 7. Date: |

*Stamp and signature*