**ELECTIVE TEACHING ACTIVITIES PROPOSAL FORM**

**ACADEMIC YEAR 20     /20**

*Send the form to:* *medicineandsurgery@unict.it*

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| --- |
| **Lecturer in charge**:Prof. |
| Telephone number:       Booking method:       |
| **Elective teaching location**For monographic course: Room Other locationFor elective internships: Site/Department Company/Institution |
| **Corresponding degree Course subject / teaching**:       SSD:       |
| **Name of the activity:** |
| **Type:*** Monographic Course
* Elective Internship
 | ConversionMonographic courses, seminars, conferences and similar: 15 hours = 1 CFU; 2 hours = 0.1 CFUElective 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:
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