

COURSE PROPOSAL YEAR 2019

Campus:
Title:
Director:
Proposed dates:
Sponsorship: Comments:
Contact person (different from director if applicable) Name: Telephone no.: E-mail:
Attach a brief c.v. of the director

Forward to:

Profa. Dra. Dña. Mar García Hernández

Vicerrectora de Difusión e Intercambio Científico Universidad Internacional Menéndez Pelayo Isaac Peral, 23 28040 Madrid (ESPAÑA)

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Calle Isaac Peral 23 28040 Madrid

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COURSE PROGRAMME BREAKDOWN SCHEDULE

TITLE:
DIRECTOR: Academic or professional affiliations: ID card or passport number.: e-mail: Telephone:
SECRETARY: Academic or professional affiliations: ID card or passport number. e-mail: Telephone:
DATE PROPOSED:
SPONSORSHIP:
MONDAY
Morning 1st session:
2nd session:
Afternoon 3rd session:
TUESDAY
Morning 1st session:
2nd session:

WEDNESDAY
Morning 1st session:
2nd session:
Afternoon 3rd session:
THURSDAY
Morning 1st session:
2nd session:
Afternoon 3rd session
FRIDAY
Morning 1st session:
2nd session:

Afternoon 3rd session:

SUMMARY

A brief description of the content of the seminar and profile of the student it is aimed at (maximum 20 lines)
incs