**SELF-EVALUATION REPORT FORM OF MASTER CURRICULUM[[1]](#footnote-2)**

|  |  |
| --- | --- |
| Project title | Development of master curricula for natural disasters risk management in Western Balkan countries |
| Project acronym | NatRisk |
| Project reference number | 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP |
| Coordinator | University of Nis |
| Project start date | October 15, 2016 |
| Project duration | 36 months |

|  |  |
| --- | --- |
| Type | Master curriculum |
| Institution |  |
| Reporting date |  |
| Report author(s) |  |

Project number: 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP

*"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein"*

**MASTER CURRICULUM DESCRIPTION**

**with special reference to goals and outcomes**

|  |  |
| --- | --- |
| Number of enrolled students |  |
| Master curriculum description: | |
|  | |

**Problems encountered during the master curriculum**

|  |
| --- |
| Please add your comments, if any: |

**Evaluation details**

**Results of general evaluation of master curriculum**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation the general student expectations**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of possibility of participation in student mobility**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

Please indicate your suggestions for further improvement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location, date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *This form has to be filled by WP Leader and sent on e-mail address:* natriskuni@gmail.com. [↑](#footnote-ref-2)