
COURSE:

ACADEMIC YEAR: **2018-2019**

TYPE OF EDUCATIONAL ACTIVITY:

TEACHER:

e-mail:

website:

phone:

mobile (optional):

Language:

ECTS: (lessons e tutorials/practice)	n. of hours: (lessons e tutorials/practice)	Campus: Potenza Dept./School: Dipartimento di Scienze Program:	Semester: (date)
---	--	--	---------------------

EDUCATIONAL GOALS AND EXPECTED LEARNING OUTCOMES

○

PRE-REQUIREMENTS

SYLLABUS

TEACHING METHODS

EVALUATION METHODS

TEXTBOOKS AND ON-LINE EDUCATIONAL MATERIAL

○

INTERACTION WITH STUDENTS

EXAMINATION SESSIONS (FORECAST)¹

SEMINARS BY EXTERNAL EXPERTS YES NO

FURTHER INFORMATION

¹Subject to possible changes: check the web site of the Teacher or the Department/School for updates.