***CALOHEx Application Form***

*(To be printed on letterhead paper of Higher Education Institution)*

Attn: International Tuning Academy

University of Groningen – Faculty of Arts

P.O. Box 716

NL-9700 AS Groningen

E-mail address: tuningacademy@rug.nl

**EXPRESSION OF INTEREST**

This letter is to endorse that the [*name of Higher Education Institution*] wishes to participate in the feasibility study ***Measuring and Comparing Achievements of Learning Outcomes in Higher Education in Europe – Extension (CALOHEx).***

The Institution expresses the following order of preference for participation:

Identify one to five of the subject areas in order of preference

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| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Business Administration, Information Engineering /ICT, International Relation and, Medicine)* |

|  |  |  |
| --- | --- | --- |
| **Name and affiliation of the academic who will represent this academic field:** | | |
| Name |  | |
| Position |  | |
| Unit (Faculty/Department) |  | |
| Address |  | |
| City |  | |
| Country |  | |
| E-mail address |  | |
| Telephone (office) |  | Mobile: |
| Specialization/ Special field of interest |  | |
| Motivation |  | |

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| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Business Administration, Information Engineering /ICT, International Relations, Medicine and Performing and Fine Arts*)* |

|  |  |  |
| --- | --- | --- |
| **Name and affiliation of the academic who will represent this academic field:** | | |
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| Position |  | |
| Unit (Faculty/Department) |  | |
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| Specialization/ Special field of interest |  | |
| Motivation |  | |

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| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Business Administration, Information Engineering /ICT, International Relations, Medicine and Performing and Fine Arts) |

|  |  |  |
| --- | --- | --- |
| **Name and affiliation of the academic who will represent this academic field:** | | |
| Name |  | |
| Position |  | |
| Unit (Faculty/Department) |  | |
| Address |  | |
| City |  | |
| Country |  | |
| E-mail address |  | |
| Telephone (office) |  | Mobile: |
| Specialization/ Special field of interest |  | |
| Motivation |  | |

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| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Business Administration, Information Engineering /ICT, International Relations, Medicine and Performing and Fine Arts)* |

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| --- | --- | --- |
| **Name and affiliation of the academic who will represent this academic field:** | | |
| Name |  | |
| Position |  | |
| Unit (Faculty/Department) |  | |
| Address |  | |
| City |  | |
| Country |  | |
| E-mail address |  | |
| Telephone (office) |  | Mobile: |
| Specialization/ Special field of interest |  | |
| Motivation |  | |
| 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Business Administration, Information Engineering /ICT, International Relations, Medicine and Performing and Fine Arts)* | | |

|  |  |  |
| --- | --- | --- |
| **Name and affiliation of the academic who will represent this academic field:** | | |
| Name |  | |
| Position |  | |
| Unit (Faculty/Department) |  | |
| Address |  | |
| City |  | |
| Country |  | |
| E-mail address |  | |
| Telephone (office) |  | Mobile: |
| Specialization/ Special field of interest |  | |
| Motivation |  | |

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| **Contact person for the Higher Education Institution** | | |
| Name |  | |
| Position |  | |
| Unit (Faculty/Department) |  | |
| Address |  | |
| City |  | |
| Country |  | |
| E-mail address |  | |
| Telephone (office) |  | Mobile: |

On behalf of the *[name of Higher Education Institution]:*

Signature

Name:

Position

Place:

Date: