***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)* |

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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  |  |

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| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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 |  |
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| Address |  |
| City |  |
| Country |  |
| E-mail address |  |
| Telephone (office) |   | Mobile: |
| Specialization/ Special field of interest |  |
| Motivation  |  |

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| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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  |  |

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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)* |

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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  |  |

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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: