### **SPECIAL INSTRUCTIONS FOR PROJECT PRESENTATION**

* *The funding trustee will be the public higher education institution.*
* *The higher education institution agrees to grant an exclusive distribution licence to SYNTHÈSE for the funded content for a minimum of two years.*

### **ASSESSMENT CRITERIA**

The assessment committee will examine submitted projects based on the following criteria:

* The project’s conformity with program objectives, listed training topics, and the expected intermediate/advanced course level
* The quality of the course content, the pedagogical relevance of the activity, and the scope of its impact
* The expertise and experience of the instructors and of the educational institution with respect to the course content
* Adherence to deadlines

*Send completed application forms to experts**@polesynthese.com* *no later than* ***January 31, 2022****.*

#### **Identification of public higher education institution**

| Name:Address:Authorized contact person and title: |
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### **project summary presentation:**

*(Complete one sheet per course. A course may contain multiple modules.)*

#### **course title:**

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#### **course outline**

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#### **instructor identification and presentation**

Name(s):

Professional experience: enclose abridged CV

Short bio:

#### **funding requested from Synthèse per course**

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### **detailed presentation of course**

#### **course title**

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#### **course description**

| **pedagogical objectives and duration** **course modules (if applicable)****level of complexity and target audience****language(s) of instruction****distribution method and tools used****experience and expertise of teaching institution in relation to course content** **contribution of educational institution to course promotion****number and duration of modules, total course duration**  |
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#### **synchronous component, optional**:

| *Describe the synchronous component of the course and provide details, depending on which options (Q&A sessions and/or webinar) listed in the call for projects are used.*  |
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### **budget**

*Complete one Excel file for each course.*

### **signature of educational institution coordinator**

The signatory declares that all information provided in this application and all enclosed documents are, to the best of their knowledge, accurate and that they have their institution’s approval to submit the project.

**Signature of coordinator/authorized grant trustee**

| First name, last name | Title | Organization |
| --- | --- | --- |
|  |  | Signature |