

Curriculum Resource Center Course Development Competition



CRC - Central European University
Nádor utca 9
H-1051 Budapest V, Hungary
(36-1) 327-3223 or 327-3189
Fax: (36-1) 327-3190
e-mail: CDC@ceu.hu
<http://web.ceu.hu/crc/cdc.html>

Application Form for **Group** Grants

Instructions

a/ Please type or print all information.

b/ Return the completed forms and all attachments to the CRC (address above) by **30 November 2009**. **No applications arriving after the deadline will be considered.** The applications can be e-mailed or faxed, but the CRC must receive **original letters of recommendation and endorsement**.

c/ All application material must be in English.

d/ Please attach the following (incomplete applications will not be considered!):

- | | |
|--|---|
| <input type="checkbox"/> 1. A draft syllabus of the proposed course and a preliminary bibliography . | <input type="checkbox"/> 4. A letter of endorsement from the Dean of the Faculty indicating the willingness to have the course taught there, the exact dates of the course, the level and approximate number of students, the position of the course in the curriculum of the institution. |
| <input type="checkbox"/> 2. Curriculum vitae and selection of personal bibliography | |
| <input type="checkbox"/> 3. An itemized detailed budget in USD – use the attached budget request form | <input type="checkbox"/> 5. A letter of reference |

Academic Subject Area (Choose one)

- | | |
|---|--|
| <input type="checkbox"/> Critical Legal Studies | <input type="checkbox"/> Legal Studies |
| <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Media Studies |
| <input type="checkbox"/> IRES/Political Science | <input type="checkbox"/> Roma |

Title of the Project:

How did you learn about the program? _____

I. PERSONAL INFORMATION OF THE GROUP LEADER

Group Members

(please also fill in the last page of this application form)

First Name: _____

As in your passport

Family Name: _____

As in your passport

Sex: ☐ Female ☐ Male

Citizenship: _____

Date of Birth: _____

Year / Month / Day

Place of Birth: _____

City, Country

Name: _____

Country: _____

Date of Birth: _____

Name: _____

Country: _____

Date of Birth: _____

Name: _____

Country: _____

Date of Birth: _____

Contact Information

E-mail address: _____

IMPORTANT! If you have no e-mail address, then Spouse's, Friend's e-mail is needed!

Fax: _____

Tel: _____

Home Address

Country: _____ City: _____

Street / number: _____ Post code: _____

Name and Address of the Institution where you work

University/Institution Name: _____

Department: _____

Country: _____ City: _____

Street / number: _____ Post code: _____

Tel.:

Fax:

I. PROFESSIONAL EXPERIENCE OF THE GROUP LEADER

EDUCATIONAL BACKGROUND

Universities attended:

Degrees:

Post-graduate courses:

RESEARCH EXPERIENCE IN AREAS RELATED TO THE PROJECT

year(s)

theme

funded by

TEACHING EXPERIENCE IN AREAS RELATED TO THE PROJECT

year(s)

title of the course

at (institution)

DESCRIBE YOUR CURRENT POSITION(S) AND RESPONSIBILITIES AT YOUR DEPARTMENT

WHAT INTERNATIONAL PROGRAMS HAVE YOU PARTICIPATED IN?

☐ CRC session

☐ Course Development Competition (CDC)

☐ CEU Summer University (SUN)

☐ CEU Junior/Senior Faculty Fellowship

☐ Faculty Development Program (FDP-OSI)

☐ Central-Asian Research Initiative (CARI)

☐ Soros Scholarship (NSP)

☐ Civic Education Project (CEP)

☐ Research Support Scheme (RSS)

☐ Other: _____

ENGLISH LANGUAGE SKILLS

A strong command of English language is essential for CDC grantees.

Number of years you have studied English:

Where did you study English (primary, secondary school, etc.)?

Please fill in the self-evaluation form concerning your English language abilities.

Reading:	Listening:
<input type="checkbox"/> Beginning	<input type="checkbox"/> Beginning
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced
Speaking:	Writing:
<input type="checkbox"/> Beginning	<input type="checkbox"/> Beginning
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced

In some cases the CRC office may decide to conduct a phone interview with prospective grantees. Please provide a phone number where you can be contacted for this purpose: _____

II. PROJECT INFORMATION

Title of the Project: _____

Name and Address of the Host Institutions (where you plan to teach the course)

☐ **Same as group leader's current workplace**

☐ **Other(s):**

1. _____

Department: _____

Country: _____ City: _____

Street / number: _____ Post code: _____

Tel.: _____ Fax: _____

TIMING

course development period from: _____ to: _____

teaching from: _____ to: _____

COURSE LEVEL

FOR ____ YEAR students

☐ **INTRODUCTORY**

☐ *UNDERGRADUATE*

☐ **INTERMEDIATE**

☐ *POST-GRADUATE*

☐ **ADVANCED**

Approximate number of students: _____

2. _____

Department: _____

Country: _____ City: _____

Street / number: _____ Post code: _____

Tel.: _____ Fax: _____

TIMING

course development period from: _____ to: _____

teaching from: _____ to: _____

COURSE LEVEL

FOR ____ YEAR students

☐ **INTRODUCTORY**

☐ *UNDERGRADUATE*

☐ **INTERMEDIATE**

☐ *POST-GRADUATE*

☐ **ADVANCED**

Approximate number of students: _____

3. _____

Department: _____

Country: _____ City: _____

Street / number: _____ Post code: _____

Tel.: _____ Fax: _____

COURSE LEVEL

FOR ____ YEAR students

☐ INTRODUCTORY

☐ *UNDERGRADUATE*

☐ INTERMEDIATE

☐ *POST-GRADUATE*

☐ ADVANCED

Approximate number of students: _____

CONCISE COURSE DESCRIPTION

Please describe briefly the main issues the course will cover.

COURSE JUSTIFICATION

Describe the expected impact of your course on your department's curricula. Explain how this course is different from the ones available at the host institution. In what way(s) would this course be innovative?

AIMS AND TEACHING OBJECTIVES

With the course justification in mind

1. Identify the major course aims and teaching objectives of the project
2. Identify intended course outcomes

METHODS BY WHICH COURSE WILL BE TAUGHT

Describe the main teaching and assessment methodology you will use in delivering this course.
(The draft course outline and preliminary bibliography must be included in the appendix.)

LETTER OF RECOMMENDATION
(To be submitted in English)

Name of applicant: _____

Title of project: _____

TO THE WRITER OF THIS LETTER OF RECOMMENDATION:

The above named person is applying for a grant under the COURSE DEVELOPMENT COMPETITION organized by the Curriculum Resource Centre (CRC). We are particularly interested in the applicant's ability to carry out the work described in his/her project. Please send this form back to the applicant or directly to the CRC prior to **30 November 2009**.

Name _____

Signature _____ Date _____

Institution _____ Position _____

E-mail address _____

Address _____

Work Tel/Fax: _____ Home Tel: _____

LETTER OF ENDORSEMENT
(To be submitted in English)

Name of applicant: _____

Title of the course: _____

TO THE WRITER OF THIS LETTER OF ENDORSEMENT:

The above named person is applying for a grant under the COURSE DEVELOPMENT COMPETITION sponsored by the Curriculum Resource Center (CRC).

By signing this letter you agree with the implementation of this course at your department, in case the above applicant receives the CDC grant

We are particularly interested in the position, novelty and importance of the course-to-be-taught in the curriculum of the institution; the reasons why you would incorporate it into the department's curriculum; whether the course is planned to be taught again after its introduction; the exact dates of delivery; the audience of the course and the applicant's ability to carry out the work described in his/her project. Please send this form back to the applicant or directly to the CRC prior to **30 November 2009**. Please feel free to use additional sheets of paper if necessary.

Name _____

Signature _____ Date _____

Institution _____ Position _____

E-mail address _____

Address _____

Work Tel/Fax: _____ Home Tel: _____

BUDGET REQUEST – Please note that the grant cannot cover costs that are not strictly connected to the development and implementation of the proposed course (e.g. the enrichment of the departmental library)

Budget Line	Amount Requested (in USD)
1. Purchase of Books (provide the list of books you intend to buy):	
2. Photocopying (approx. quantity):	
3. Course Reader (specify its contents, quantity, size and method of production):	
4. Other (specify in details):	
TOTAL:	

THE LIST OF BOOKS YOU INTEND TO BUY:

OTHER FINANCIAL SUPPORT FOR THIS PROJECT
(sources, dates, purpose and amount)

LIST OF GROUP MEMBERS

Please list the following details for each group member.

Name	Citizenship	Name of work institution	Present position	Degrees	Workload in the project in percentage	e-mail