



Nomination for PROFFORMANCE International Teacher Award Call ^{2024/25}

Recommendation by superior

Applicants's data – to be filled by the applicant

ACRONYM of good practice	
Title of good practice	
Project members	

Contact person	
Position	
Institution	
Faculty and department/institute	

Recommendation by superior

I, undersigned,

Name	
Institution name	
Organization unit	
Position at the institution	
Email address	

as a superior and authorized person of the applicant mentioned below, recommend the following good practice to participate in the PROFFORMANCE International Teacher Award Call 2024/25.



I certify the following (both conditions are compulsory for application):

- The applicant is officially (contract, assignment, etc.) involved in teaching tasks at the institution named above.
- The presented good practice has been implemented
 - in the frame of a regular or irregular programme at the institution named above,
 - after September 2020 and has proven results.

Date:

Signature:

Webpage of the call:
award.profformance.eu

Remark:
This document should be filled and officially signed by an authorized superior, for participation at the PROFFORMANCE International Teacher Award Call 2024/25.

Coordinators:



Co-funded by
the European Union

European Higher Education Area (EHEA) - Initiative to support the implementation of reforms ERASMUS-EDU-2021-EHEA-IBA Action Grant

Full Partners:



Associated Partners:

