



July 24, 2019

**Application Form**

**2020 Freiburg – Penn State Virtual Classroom Education Award**

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| **Preparation Instructions** |
| 1. Please review the Virtual Classroom Education Award - Request for Proposals. 2. All responses should be submitted in simple language with minimal use of discipline-specific terminology. 3. Do not include additional pages, other than those requested. 4. The application form and requested supporting information (1 page CVs of the project faculty members) should be assembled electronically and submitted in a single pdf file. |

**1. General Information**

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| Project Title |  | | | |
| Freiburg  Champion | Name |  | | |
| Title |  | | |
| Department |  | | |
| Email |  | | |
| Telephone | + 49 | | |
| Penn State Champion | Name |  | | |
| Title |  | | |
| Department |  | | |
| Email |  | | |
| Telephone | + 1 | | |
| Funding | Joint Collaboration Fund Request | | € | US$ |

**2. Itemized Budget Worksheet**

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|  | **Freiburg (€)** | **Penn State (US$)** |
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| **Total** | **(max. 10.000 €)** | **(max. 12.500 US$)** |

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| **3. Program Description**  Please describe how you will design and implement the virtual classroom education component. Please indicate as well how you will use the allocated budget. **(1200 word maximum)** |
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| **4. Sustainability**  Describe how the envisioned virtual classroom initiative will form an integral educational component of existing programs and kick-off an annual virtual classroom offering between the partner universities.  **(300 word maximum)** |
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| **5. Teamwork**  Describe how the effort will be led and coordinated. Address the attributes of the faculty and how (complementary) academic capabilities at the respective universities will be integrated and leveraged.  **(300 word maximum)** |
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**6. University of Freiburg Team Members**

(Multiple team members are highly encouraged)

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| Name |  |
| Title |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone | + 49 |

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| Name |  |
| Title |  |
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| Email |  |
| Telephone | + 49 |

**7. Penn State Team Members**

(Multiple team members are highly encouraged)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone | + 1 |

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| Address |  |
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| Telephone | + 1 |

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| Department |  |
| Address |  |
| Email |  |
| Telephone | + 1 |

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| Name |  |
| Title |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone | + 1 |

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| --- | --- |
| **8. Program Timeline**  Please list major milestones and semiannual tasking.  **(300 word maximum for each milestone)** | |
| January-June 2020 |  |
| July-December 2020 |  |
| January-June 2021 |  |
| July-December 2021 |  |