**Application for the submission of an educational program proposal**

*Please fill in all the fields with lowercase letters*

1. **Scientific & Academic Director – Contact details**

|  |  |
| --- | --- |
| **Scientific Director**  (Name/Surname\*, Rank/Position, Faculty/School, Academic Institution, telephone number, email)  *\*Should be the same as in your ID card/Passport* |  |
| **Academic Director \***  (Name/Surname\*\*, Rank/Position, Faculty/School, Academic Institution,  *\*Can be the same person with the scientific director*  *\*\*\*Should be the same as in your ID card/Passport* |  |
| **Secretarial Support**  (Name/Surname, telephone number, email) |  |
| **Contact person**  (Name/Surname, telephone number, email) |  |

1. **Program Information**

|  |  |
| --- | --- |
| **Title in Greek**  *The title should be relevant with the content of the program* |  |
| **Academic Field**  *Where a program covers more than one scientific area, it may be included in more than one category.* | Humanities and Arts  Social, Political and Economic Sciences  Education and Training Sciences  Health and Life Sciences  Natural Sciences, Engineering and Technology Studies  Environmental Studies  Other (Please clarify) |
| **Teaching Hours** |  |
| **Teaching Language** | Greek  English |
| **Type** | Training/Specialized Training  Summer/Winter School  In Company Training |
| **Funding Methods** | Completely funding program (without tuition fees)  Partially funding (funding and tuition fees)  Self-financed (with tuition fees)  Free of charge |
| **Extra Discount Policy**  *The application of the* [*discount policy*](https://kedivim.auth.gr/en/discount-policy/) *is binding for all programs with tuition fees over 300€.*  *If there is an additional category of beneficiaries beyond those defined by KEDIVIM, please indicate the category and the discount rate.* |  |
| **Co-organisation with a third party**  *In accordance with Article 122 of Law No. 4957/2002, the cooperation with KEDIBIM of other universities, Research University Institutes (R.U.I.), research centres, technological bodies and institutes of the national territory according to article 13A of Law No. 4310/2014 (A' 258), recognized peer institutions abroad, other higher education institutions and scientific institutions of the private or public sector for the provision of non-formal education and lifelong learning services.* | *Mention the institution* |
| **Other form of co-operation**  *Choose from the list* | Yes  No |
| *If you answered Yes, please fill in the following:* | |
| **Name of the Organisation** |  |
| **Short Description of the organisation**  *(150 words max)* |  |
| **Contractual obligations for the third party** |  |
| **Contractual obligations for the Center for Lifelong Learning of AUTH (KEDIBIM)** |  |
| **Comments/Remarks** |  |

1. **Objectives and necessity of the Program – Anticipated outcomes**

|  |  |  |
| --- | --- | --- |
| **Short Program Description** *(150 words max)* |  | |
| **Objectives** *(150 words max)* |  | |
| **Feasibility, Necessity and Sustainability of the program** *(150 words max)* |  | |
| **Target group** *(150 words max)* |  | |
| **Learning outcomes** *(150 words max)*  *Please consult:* [*https://proson.eoppep.gr/el/HQFLevels*](https://proson.eoppep.gr/en/HQFLevels) *and* [*https://qa.auth.gr/el/lo*](https://qa.auth.gr/en/lo) | **Knowledge** |  |
| **Skills** |  |
| **Competency** |  |
| **Professional outcomes** *(150 words max)* |  | |

1. **Structure of the program**

*Please mention the structure of the Program.*

*If the program has more than one educational section, which the participants can choose from, please mention in detail all of them in the table below.*

*If necessary, copy the table as many times as the educational sections of the program.*

|  |  |  |
| --- | --- | --- |
| **Module1:** *Title* | | |
| *Description* | | |
| **Teaching hours**  *Number* | **Teaching Method**  *If there is more than one method, write it down in the next line along with the teaching hours respectively.* | **Professor** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Module 2:** *Title* | | |
| *Description* | | |
| **Teaching hours**  *Number* | **Teaching Method**  *If there is more than one method, write it down in the next line along with the teaching hours respectively.* | **Professor** |
|  |  |  |

|  |  |
| --- | --- |
| **Sum of teaching hours** |  |

|  |  |
| --- | --- |
| **ECTS**  *You can take advice from the ECTS Calculation Table* [*HERE*](https://kedivim.auth.gr/en/how-to-carry-out-an-educational-program/) |  |

1. **Implementation Scheduling**

|  |  |  |
| --- | --- | --- |
| **Academic year(s) and semester(s)** |  | |
| **Cycles**  *You can ask for the approval of more than one cycle for the current or following academic year.* |  | |
| **Teaching Method**  *Choose from the list* | Physical Presence  Distance Education-Synchronous Learning  Distance Education-Asynchronous Learning  Distance Education-Synchronous Learning & Asynchronous Learning  Blended Learning (Physical Presence & Synchronous Learning)  Blended Learning (Physical Presence & Asynchronous Learning)  Blended Learning (Physical Presence & Synchronous & Asynchronous Learning) | |
| **Classroom/E-learning Platform**  *[See the](https://kedivim.auth.gr/wp-content/uploads/2024/06/PROGRAM-IMPLEMENTATION-GUIDE.pdf)* *[Program Implementation Guide](https://kedivim.auth.gr/wp-content/uploads/2024/06/PROGRAM-IMPLEMENTATION-GUIDE.pdf)*  *-for classroom standards page 15*  *-for eLearning platforms page 16* | AUTH campus  Outside AUTH  E-learning platform | In case of use of AUTH campus, the Scientific Director confirms that the Director of the laboratory or the Administrative unit to which the training venue belongs, has been informed.  *………………………………………………………………………………*  In case of use of a venue outside of AUTH’s campus, the Scientific Director certifies that the venue meets the specifications of the regulation. |

1. **Trainees**

|  |  |
| --- | --- |
| **Number of Trainees** | **Minimum number …**  **Maximum number …** |
| **Minimum qualification required for the participation of those interested** |  |
| **Way of participant selection** |  |

1. **Certificates**

See the [*Program Implementation Guide*](https://aristotleuniversity-my.sharepoint.com/:b:/g/personal/evianni_office365_auth_gr/ERutas9wxHFPlJdNkT4x96sBwtxvQ1gEByfBjhvukeVaFg?e=6tyGgh) *page 13*

|  |  |
| --- | --- |
| **Type of Certificate**  *Choose one*  *See the specifications* [*here*](https://aristotleuniversity-my.sharepoint.com/:b:/g/personal/evianni_office365_auth_gr/Ee_72ZyNJfFDgXhTZ-EXnVIBUsqjYnflMtNOr_-MGVk67Q?e=bj8ypK) *(paragraph 12.11 Certificates)* | Certificate of General Training  Certificate of Specialized Training |

1. **Successful Completion of the Program/Evaluation Method\*/\*\***

For the successful completion of the program the percentage of absences cannot exceed 10%.

Participants will be examined by:

|  |  |
| --- | --- |
| **Written Exam/Test**  *(description and hours according to the ECTS excel)* |  |
| **Project**  *(description and hours according to the ECTS excel)* |  |
| **Exercises**  *(description and hours according to the ECTS excel)* |  |
| **Case Studies**  *(description and hours according to the ECTS excel)* |  |
| **Practical Training**  *(description and hours according to the ECTS excel)* |  |
| **Other**  *(description and hours according to the ECTS excel)* |  |

\* Consult the [Regulation of Studies](https://kedivim.auth.gr/en/regulation-of-studies-of-the-center-of-education-and-lifelong-learning-of-auth/)

\*\* Please note that the participants must evaluate the program with specific indicators before issuing the Certificate. The evaluation form is created by the Administrative Support Department of the Center and sent by the Scientific Director to the participants before the certificates are issued.

1. **Educational Material**

*The educational material can be printed or digital and it should cover all modules. It should be free of third-party copyrights, or legally ensured. It should be evaluated and approved by the academic director of each program and articulated in accordance with the objectives of the program. Finally, it can contain questions, exercises, problems, tasks for understanding the material and/or for self-evaluation.*

**Describe the educational material. If needed add lines.**

|  |  |  |
| --- | --- | --- |
| **Title/Bibliographical reference/link** | **Form (printed/digital)** | **Educational sections covered** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Personnel employed for the program\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Mention every person who will be employed in the program, including the Scientific & Academic Director, the teaching, administrative, technical staff, paid or not. The fee amounts should agree with those in the excel budget. If the Scientific and Academic Directors also carry out teaching work, they are listed in the Table separately for each of their capacities.*  *Consult appendix 2 for the categories of the instructors. Those who do not fall into categories a) to d) of the Appendix must apply* [*here*](https://kedivim.auth.gr/aitisi-erevnitikon-omadon/) *before their selection by the scientific director.*  *For the limits in the remuneration of the instructors, consult the* [***Regulation of Teaching Work Remuneration***](https://aristotleuniversity-my.sharepoint.com/:b:/g/personal/evianni_office365_auth_gr/EdqC4CpGk6pNoNvscxQbE_MB0ImhcQuqkbkE91LuDVE8ZA?e=ioLlP3)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Order No** | **Name/Surname \*\*** | **Professional position\*\*\*** | **Position in the program** | **Hours of employment** | **Remuneration** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
|  |

*\* It is necessary to submit the curriculum vitae of the instructors, according to the specifications of the appendix.*

*\*\* Please enter the full name as it appears on your ID card/Passport.*

*\*\*\* For Members of Academic Institutions: Rank, Faculty, University*

1. **Budget**

*Please fill in the table*

**Α. Self-funded Program (with tuition fees – 1st sheet of *excel budget*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tuition Fees** | **Minimum number of participants** | **Estimated revenue from the tuition fees** | **Expenditure** |
|  |  |  |  |

**Β. Entirely Funded Program (*2nd sheet of excel budget*)**

|  |  |  |
| --- | --- | --- |
| **Funding amount** | **Maximum number of participants** | **Expenditure** |
|  |  |  |

**Γ. Partially Funded Program (*1st and 2nd sheet of excel budget*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tuition Fees** | **Minimum number of participants** | **Estimated revenue from the tuition fees** | **Funding amount** | **Expenditure** |
|  |  |  |  |  |

1. **Comments/Remarks**

|  |
| --- |
| *At this point you can write any other request/documentation related to your proposal that is not included as a field in this form.* |

**Attached are submitted:**

1. CVs of the instructors (Appendix 1)
2. Budget (XL)
3. ECTS (XL)
4. Draft of the Contract with a third party, if there is a co-operation
5. Other (Please clarify)

* I have read and accept the [Internal Operating Regulation](https://aristotleuniversity-my.sharepoint.com/:b:/g/personal/evianni_office365_auth_gr/Ee_72ZyNJfFDgXhTZ-EXnVIBUsqjYnflMtNOr_-MGVk67Q?e=xFbOVd) of the Center for Lifelong Learning of AUTH, as well as the [Discount Policy](https://kedivim.auth.gr/en/discount-policy/) determined by the Council of the Center.
* I have read and accept the [Terms of Use](https://kedivim.auth.gr/en/privacy-policy-en/) of the Center’s services for the protection of Personal Data.
* Training Certificate Supplements are provided upon request by the Scientific Director.

The Scientific Director of the program

(*Name/Surname & signature)*

**APPENDIX 1**

**a.1. Table of CVs for Faculty Members of AUTH and other universities of the country (including the Scientific Director)**

|  |  |
| --- | --- |
| Name/Surname |  |
| Position in the program |  |
| Rank/Professional position, Faculty, School, University |  |
| Fields of research activity  (Mention briefly) | 1.  2.  3. |
| **Short CV**  *(Focus on the field which is most related to the educational program)* | |
| **Publications/References/ Monographs related with the academic field of the program (until 5)** | |
| **Teaching/Research/Professional experience in the academic field of the program** | |
| **National and international distinctions/Other** | |

**a.2. Table of CVs for those who belong in the categories b) to d) of Appendix 2 (including the Scientific Director)**

|  |  |
| --- | --- |
| Name/Surname |  |
| Position on the program |  |
| Rank/Professional position, Faculty, School, University |  |
| Fields of research activity  (Mention briefly) | 1.  2.  3. |
| **Short CV**  *(Focus on the field which is most related to the educational program)* | |
| Title of Studies, University |  |
| *Publications/References/ Monographs related with the academic field of the program (until 5)* |  |
| Teaching/Research/Professional experience in the academic field of the program |  |
| National and international distinction/Other |  |

**b. Table of CVs for the rest of the instructors**

|  |  |
| --- | --- |
| Name/Surname |  |
| E-mail |  |
| Position on the program | Instructor of the educational section: |
| Bachelor title of studies, University |  |
| Post-graduate title of studies, University |  |
| PhD, University & Theme: |  |
| Teaching experience in the academic field of the program  *(Mention: organization, course title, sum of teaching hours, year)* |  |
| Current professional position/Precedent professional experience |  |

*Please copy and fill in the Table of CVs as many times as necessary (depending on the number of people who will be employed in the program)*

**APPENDIX 2**

According to the law Ν. 4979/22:

**Scientific Directors can be:**

a) Faculty Members of Universities

b) Special Teaching Personnel of the Aristotle University

c) Special Laboratory Teaching Personnel of the Aristotle University

d) Special Technical Laboratory Personnel of the Aristotle University that have at least a Master’s Degree.

e) Visiting Professors and visiting researchers of the article number 171 of Law No 4957/2022.

f) Associate Professors of the article number 169 of Law No 4957/2022.

g) Researchers with contract of the article number 172 of Law No 4957/2022.

h) Emeriti/ae Professors and retired Faculty Members

i) Postdoctoral researchers

j) Contractors that hold a PhD

**Academic Directors can be:**

a) Faculty Members of national universities and from universities abroad

b) Emeriti/ae Professors and retired Faculty Members

c) Special Teaching Personnel, Special Laboratory Teaching Personnel and Special Technical Laboratory Personnel of Higher Education Institutions.

d) distinguished scientists, associate professors, adjunct professors, visiting professors, visiting professors, researchers with contract, personnel of research and technology organizations, as well as professors who are assigned independent teaching work in formal education programs.

e) Postdoctoral researchers

**Instructors can be:**

a) Faculty Members of national universities and from universities abroad

b) Researchers of a’, b’, c’ and d’ grade of research and technology organizations of the country of the article number 13Α of Law No 4310/2014 (Α’ 258).

c) Special Teaching Personnel, Special Laboratory Teaching Personnel and Special Technical Laboratory Personnel of the University.

d) Visiting professors, visiting researchers, researchers with contract, collaborating professors and researchers who are assigned independent teaching work in formal education programs.

e) Instructors registered in the Instructors Registry

**Notes:**

Those who do not fall into the categories a) to d) should apply to the [Instructors Registry](https://kedivim.auth.gr/aitisi-erevnitikon-omadon/).

According to the Law Department of the Special Account for Research Funds AUTH, Emeritus Professors can be teachers in programs of the Center for Life Lifelong Learning, if they have been assigned independent teaching work in formal education programs of the university. Otherwise, they should apply in the [Instructors Registry](https://kedivim.auth.gr/aitisi-erevnitikon-omadon/).