

4. APPLICATION FOR PARTICIPATION

Associated Schools Project (ASP) For Promoting International Education

Documentation:

ENGLISH

Name Of Institution:

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Address:

.....

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Telephone No:

Fax:

Email:

Type of Institution:

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Name of Principal:

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Name and position of person who will direct project:

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Number of pupils in the Institution:

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Age :

range:

Number of teachers:

Outline of the way the Project will be implemented in your Institution

(Please use extra sheets if necessary)

Description of the Project:

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Objectives of the Project:

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Execution:

(e.g. through a specially designed course, through an existing course(s) or as an extra..... activity)

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Type of materials to be used:

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Is there any type of evaluation to examine the effects of the project on students' comprehension and attitudes?

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On behalf of my institution, I apply for participation in the UNESCO Associated schools Project and give the assurance that this institution will make an active contribution to the Project, as outlined above, for a minimum period of two years. At the end of every year, I shall submit a report of the Project to the ASP National Co-ordinator of my country

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Date

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Signature of Principal