**INTRA-AFRICA Academic Mobility Scheme**

**ACTIVITY PLAN**

Master/Doctorate Mobility

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| Scholarship Holder Name: | Host Institution: |
| FRAME ID number: | Academic Year: |
| Home Institution: | Mobility period: |
| Student number (home): | E-mail address: |

**Please describe the activity/research work planned for your mobility at the host institution.**

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| **Activity**  | **Objectives** | **Timeline** |
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**SIGNATURES**

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| --- |
| Scholarship Holder’s signature : Date : |
| **<Home Institution>**We confirm that the above proposed Activity Plan is approved, and is in accordance with the activities in the Home Institution.*Head of Department/Faculty at the Home Institution or Director of research*Date : Name :Signature :*FRAME contact at the Home Institution*Date :Name : Signature :*Stamp of the Institution* |
| **<Host Institution>**We confirm that the above proposed Activity Plan is approved, and is in accordance with the activities in the Host Institution.*Head of Department/Faculty at the Home Institution or Director of research* Date : Name :Signature :*FRAME contact at the Host Institution*Date :Name : Signature :*Stamp of the Institution* |
| **<Coordinating Institution>**We confirm that the above proposed Activity Plan is approved, and is in accordance with the activities in the Host Institution.*FRAME Coordinator :* Date :Name :Signature :*Stamp of the Coordinating Institution :* |