**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 :* |