



Европейски парламент Parlamento Europeo Evropský parlament Europa-Parlamentet Europäisches Parlament
Euroopa Parlament Ευρωπαϊκό Κοινοβούλιο European Parliament Parlement européen Parlaimint na hEorpa
Europski parlament Parlamento europeo Eiropas Parlaments Europos Parlamentas Európai Parlament
Parlament Ewropew Europees Parlement Parlament Europejski Parlamento Europeu Parlamentul European
Európsky parlament Evropski parlament Euroopan parlamentti Europaparlamentet

Directorate-General for Translation

Directorate A – Support and Technological Services for Translation

Terminology Coordination Unit

ACADEMIC COOPERATION PROJECT

Terminology Research for IATE

1. TERMINOLOGY PROJECT TEAM

1.1. PROJECT COORDINATOR

1. Academic title, Name, Surname

.....

2. Correspondence address (Please note that all paper correspondence will be sent to this address.)

Country:

Postal code:

City:

Street:

.....

Telephone number:

Mobile phone number:

Fax number:

Email:

Webpage (if applicable):

Note: Please attach a short CV.

1.2. PROJECT TEAM MEMBERS

Number of project team members:

<p>1. Title, Name, Surname</p> <p>.....</p> <p>2. Correspondence address</p> <p>Country:</p> <p>Postal code:</p> <p>City:</p> <p>Street:</p> <p>.....</p> <p>Telephone number:</p> <p>Mobile phone number:</p> <p>Fax number:</p> <p>Email:</p> <p>Webpage (if applicable):</p> <p><i>Note:</i> Please attach a short CV.</p>
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[Please copy and complete this section for each team member.]

2. PARTICIPATING INSTITUTION

1. Name of participating institution in the official language(s) of the country

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1a. Official abbreviation in the official language(s) of the country (if applicable)

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2. Name of participating institution in English

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2a. Official abbreviation in English (if applicable)

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3. Address

Country:

Postal code:

City:

Street:

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Telephone number:

Mobile phone number:

Fax number:

Email:

Webpage:

4. Short description of the institution

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2.1. PARTICIPATING GRADUATE SCHOOLS / FACULTIES / RESEARCH CENTRES (IF APPLICABLE)

1. Name of participating graduate school / faculty / research centre in the official language(s) of the country

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1a. Official abbreviation in the official language(s) of the country (if applicable)

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2. Name of participating graduate school / faculty / research centre in English

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2a. Official abbreviation in English (if applicable)

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3. Address

Country:

Postal code:

City:

Street:

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Telephone number:

Mobile phone number:

Fax number:

Email:

Webpage:

4. Short description of the graduate school / faculty / centre school

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2.2. PARTICIPATING DEPARTMENT (IF APPLICABLE)

1. Name of participating department in the official language(s) of the country

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1a. Official abbreviation in the official language(s) of the country (if applicable)

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2. Name of participating department in English

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2a. Official abbreviation in English (if applicable)

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3. Address

Country:

Postal code:

City:

Street:

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Telephone number:

Mobile phone number:

Fax number:

Email:

Webpage:

4. Short description of the department

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[Please copy and complete this section for each participating department.]

2.3. PARTICIPATING DEGREE PROGRAMME

1. Title of the participating degree programme in the official language(s) of the country

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2. Title of the participating degree programme in English

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3. Degree awarded (e.g. MA, PhD, etc.)

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4. Short description of the programme (Please attach a copy of programme curriculum.)

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5. Title of course(s) within which the IATE Terminology projects will be integrated

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6. Type of course: **Compulsory** **Optional**

7. Thematic domain(s) chosen:

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8. Language combination(s) [source language > target language(s)]:

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9. Type of assignment (e.g. term paper, MA thesis, postgraduate research project, etc.):

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10. Provisional number of terms per assignment (Please elaborate if more than one language combination will be used.):

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11. Provisional number of students participating:

12. Provisional date of assignment completion [DD/MM/YYYY]:

13. Envisioned collaboration with Computer Studies Programme(s): yes no

If yes, please complete Annex II.

14. Notes (Please use this space for any explanatory notes or additional information related to this section.)

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[Please copy and complete this section for each degree programme.]

3. TERMINOLOGY PROJECT COORDINATOR'S SIGNATURE

I, the undersigned, certify that to the best of my knowledge the information contained in this project participation form is correct and that I comply with the eligible criteria for this action.

I have taken note that the processing of my application entails registration of my personal data and may involve distribution of this data to other Community institutions. If I want to receive further information or exercise my rights (such as the right to access or the right to correct my data), I note that I can contact the Terminology Coordination Unit of the Directorate-General for Translation.

Place: **Date [DD/MM/YYYY]:**

Name:

Signature:

4. PARTICIPATING INSTITUTION ENDORSEMENT

Endorsement by the legal representative of the participating institution

I, the undersigned, certify that the project coordinator is a staff member of the institution and I endorse his/her participation in the project.

Place: **Date [DD/MM/YYYY]:**

Name and position:

Signature:

ANNEX I

PARTICIPATING STUDENTS

Provisional number of students participating in the Terminology Project:

1. Name, Middle name, Surname

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2. Title: Mr Ms

3. Student number (if applicable):

4. Title of degree programme currently enrolled in:

5. Year of study:

6. Expected academic degree (BA, BSc, MA, etc.)

7. Mother tongue(s):

8. Working language(s):

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9. Email (to which the IATE login details will be sent):

Note: Please note that the IATE user name and password are provided for use solely within the framework of *Academic Cooperation: Terminology Research for IATE*, they are personal and must not be disclosed to third parties.

[Please copy and complete this section for each student.]

ANNEX II COMPUTATIONAL LINGUISTICS PROJECTS FOR IATE

1. COMPUTATIONAL LINGUISTICS PROJECT TEAM

1.1. PROJECT SUPERVISOR

<p>1. Academic title, Name, Surname</p> <p>.....</p> <p>2. Correspondence address</p> <p>Country:</p> <p>Postal code:</p> <p>City:</p> <p>Street:</p> <p>.....</p> <p>Telephone number:</p> <p>Mobile phone number:</p> <p>Fax number:</p> <p>Email:</p> <p>Webpage (if applicable):</p> <p><i>Note:</i> Please attach a short CV.</p>

1.2. PROJECT TEAM MEMBERS

Number of computational linguistics project team members:

<p>1. Title, Name, Surname</p> <p>.....</p> <p>2. Correspondence address</p> <p>Country:</p> <p>Postal code:</p> <p>City:</p> <p>Street:</p> <p>.....</p> <p>Telephone number:</p> <p>Mobile phone number:</p> <p>Fax number:</p> <p>Email:</p> <p>Webpage (if applicable):</p> <p><i>Note:</i> Please attach a short CV.</p>
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[Please copy and complete this section for each team member.]

2. PARTICIPATING DEPARTMENT (IF APPLICABLE)

1. Name of participating department in the official language(s) of the country

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1a. Official abbreviation in the official language(s) of the country (if applicable)

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2. Name of participating department in English

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2a. Official abbreviation in English (if applicable)

.....

3. Address

Country:

Postal code:

City:

Street:

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Telephone number:

Mobile phone number:

Fax number:

Email:

Webpage:

4. Short description of the department

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[Please copy and complete this section for each participating department.]

3. PARTICIPATING DEGREE PROGRAMME

1. Title of the participating degree programme in the official language(s) of the country

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2. Title of the participating degree programme in English

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3. Degree awarded (*e.g.* BA, MA, PhD, etc.)

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4. Short description of the programme (Please attach a copy of programme curriculum.)

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5. Title of course(s) within which the Computational linguistics project for IATE will be integrated

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6. Type of course: Compulsory Optional

7. Thematic domain(s) chosen:

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8. Language combination(s) [source language > target language(s)]:

.....

9. Type of assignment (e.g. term paper, MA thesis, postgraduate research project, etc.):

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10. Description of proposed computational linguistics project (aims, methodology, corpora, software tools, project stages, student assignments, expected results, etc.)

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11. Provisional number of students participating:

12. Provisional date of project completion [DD/MM/YYYY]:

13. Notes (Please use this space for any explanatory notes or additional information related to this section.)

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4. COMPUTATIONAL LINGUISTICS PROJECT SUPERVISOR'S SIGNATURE

I, the undersigned, certify that to the best of my knowledge the information contained in this project participation form is correct and that I comply with the eligible criteria for this action.

I have taken note that the processing of my application entails registration of my personal data and may involve distribution of this data to other Community institutions. If I want to receive further information or exercise my rights (such as the right to access or the right to correct my data), I note that I can contact the Terminology Coordination Unit of the Directorate-General for Translation.

Place: **Date [DD/MM/YYYY]:**

Name:

Signature:

Please attach a copy of the curriculum of each participating degree programme (in the official language(s) of the country) and the CVs of all the participating teachers.

Please submit the completed project participation form file and scanned supporting materials to the following email:

dgtrad.termcoord@europarl.europa.eu

European Parliament
DG TRAD – Terminology Coordination Unit
TOA 11A009
Place de l'Europe
L-2929 Luxembourg, Luxembourg