

AUTHORIZATION BY HEAD OF UNIT/INSTITUTION

For the Delegation of Institutional PROFFORMANCE Ambassadors (IPAs), Participation in the PROFFORMANCE International Peer Network, and Use of PROFFORMANCE Tools

I, the undersigned,

(Name):

(Position):

Representing the institution/institutional unit: I am fully authorized to be and/or hereby delegate the following colleague:

(Name):

(Position):

From the institution:

Institutional unit:

as Institutional PROFFORMANCE Ambassador(s) to participate in the PROFFORMANCE international peer network.

The institution or institutional unit I represent undertakes to fully participate in the activities described in the Institutional PROFFORMANCE Ambassador Call,¹ and I/the delegated person is authorized to represent the institution and carry out the activities as outlined in the call.

Activities of Institutional PROFFORMANCE Ambassadors:

1. Participate in network meetings (3-4 times per year).²
2. Represent their institution in experience and knowledge exchanges.
3. Communicate information between the network and the institution / institutional unit.
4. Get familiar with and use PROFFORMANCE tools.

¹ https://profformance.eu/en/call-for-profformance-ambassadors*profformance-network-meet-up-first-gathering-of-international-institutional-profformance-ambassadors

² Eligible IPAs may be selected to participate in a hands-on simulation at the in-person networking event on 16 October 2025 in Budapest. Selection is made based on engagement, number of candidates from the country and budget limitations. Costs will be fully covered for selected participants; however, depending on demand and budget, some may be offered participation only, with travel and/or accommodation at their own expense.

5. PROFFORMANCE Assessment Tool pilot testing within their institution / institutional unit by 31 August 2025.
6. Collect institutional and individual testing feedback in a structured manner by 31 August 2025.
7. Share their experiences in forums.

On behalf of the institution / institutional unit:

.....
Signature
Seal

Delegate:

I, the undersigned,, agree to participate in the work of the network, comply with the conditions of being a Institutional PROFFORMANCE Ambassador, and participate in the activities described in the call with institutional authorization.

....., 2025.

This document should be submitted electronically to the following email address:
tool.profformance@tpf.hu

Coordinators:



Co-funded by
the European Union

European Higher Education Area (EHEA) - Initiative to support the implementation of reforms ERASMUS-EDU-2021-EHEA-IBA Action Grant

Full Partners:

 Bundesministerium
Bildung, Wissenschaft
und Forschung

 Ministry of Science and Education

 MINISTRY OF EDUCATION,
YOUTH AND SPORTS



 Профессора Цыбуля
МІНІСТАРСТВА НАУКІ І
ВІСВІТНОЇ СПРАВИ

 FOUNDATION
TEMPUS

Associated Partners:

ACA
ACADEMIC
COOPERATION
ASSOCIATION

 WESU

HEA | HIGHER EDUCATION AUTHORITY
AN GUARDAS UM ARD-OIDEACHAS

 MINISTRY OF
EDUCATION
AND SCIENCE
OF GEORGIA

 NATIONAL CENTER FOR
EDUCATIONAL QUALITY
ENHANCEMENT

 universidade de aveiro
theoria potestas praxis

 SZÉCHENYI
EGYETEM
UNIVERSITY OF ORF