

# Pedagogical Impulse Fund of the University of Lausanne

## File

**9. Updated project description (maximum 2500 characters including spaces)**



FIP number:

**10. Project justification (maximum 2500 characters including spaces)**

- For technical solutions (IT development: plug-in, application, etc.): how does the proposed solution compare with what already exists (based on a benchmark of equivalent / similar solutions)?
- For the creation of teaching resources: how does the proposed resource compare with what already exists (based on a benchmark of equivalent / similar solutions)?
- For the development or integration of new educational activities: how do the envisaged educational activities compare with the literature on the subject (based on a literature review)?

FIP number:

**11. Pedagogical design (maximum 2500 characters including spaces)**

**12. Detailed planning**

Project launch:

Start of implementation phase with students:

End of implementation phase with students:

Intermediate stages :

Date

Action

People involved

Key dates (evaluation, intermediate feedback, achievements, etc.):

**13. Estimated budget**

**External providers:**

details of service provided

Quantity	Service start date	Service end date	Estimated budget
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Total

FIP number :

**In kind support from the Faculty**

Details of support provided	Faculty(ies) / School(s) involved	Quantity	Estimated hours	% of working time (of full time)	Service start date	Service end date
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**In kind support from central services**

Details of support provided	Service(s) concerned	Quantity	Estimated hours	% of working time (of full time)	Service start date	Service end date
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FIP number:

**14. Evaluation of the project's impact (1000 characters maximum, including spaces)**

How will the project be evaluated?

How soon after the end of the implementation phase will a report be available?

FIP number:

**Person responsible for the project**

Date:

Surname, first name:

Signature:

**Responsible for the course  
or program concerned**

Date:

Surname, first name:

Signature:

to be completed only if two different  
people are involved

**Faculty visa**

Date:

Surname, first name :

Signature:

THIS FORM IS TO BE SENT IN TWO VERSIONS

- a signed paper version: University of Lausanne, Educational Innovation Fund, Anthropole Building, office 2126, 1015 Lausanne
- an electronic version: [fip@unil.ch](mailto:fip@unil.ch)