|           | Resolution # and Date                                      |  |  |
|-----------|--|--|--|
| Approved: | Resolution of the Academic Council of Tbilisi Humanitarian |  |  |
|           | University LLC N4  |  |  |
|           | 09.03.2019   |  |  |

## Methodology for developing an individual curriculum

- The purpose of the individual curriculum is to ensure the unhindered involvement of students with various educational needs in the educational process at Tbilisi Humanitarian University LLC.
- 2. An individual curriculum is created for:
  - students with special educational needs and disabilities;
  - students enrolled without passing the Unified National Exams or Common Master's Exams;
  - students representing ethnic minorities;
  - students with academic disabilities;
  - students with exceptional academic achievements;
  - students enjoying external/internal mobility;
  - students with restored status:
  - convicted students:
  - master's students taking into account the needs of the research component;
  - when changing or canceling the educational program and in other cases.
- 3. The individual curriculum may include a set of courses or a specific course, the number of credits, the semester/s of study, the necessary resources based on the student's needs (which will be presented as an appendix).
- 4. The following are involved in the process of creating an individual curriculum: the dean, faculty coordinator, program director, lecturer (if necessary), the student and/or legal representative.

- 5. Procedure for creating an individual curriculum plan:
  - The student and/or legal representative shall apply to the Dean's Office of the Faculty with the completed form (Appendix 1) in the electronic database/faculty coordinator. In the case of a student with special educational needs, the application shall be accompanied by documentation confirming the special educational need.
  - The faculty coordinator, together with the Dean, the program director and the lecturer (if necessary), shall review and compile an individual curriculum plan (Appendix 2) and shall attach a description of the need for necessary resources (in the case of a student with special educational needs).
  - The individual curriculum plan shall be approved by the Dean of the Faculty.
  - 6. The application for the preparation of an individual study plan is accepted 1 week before the start of the academic semester and continues for 2 weeks after the start of the academic semester. Different deadlines may be set for students enrolled without passing the Unified National Exams or Common Master's Exams, for students using mobility, and for students participating in exchange programs.
  - 7. The student/legal representative will be notified of the response regarding the approval of the individual curriculum no later than 7 working days.

Application (Student/Legal Representative)

Application Review
(Dean, Faculty Coordinator,
Program Head, Lecturer
(in case of admissibility)

Approval of Individual Curriculum (Dean)

Appendix 1. Student Application Form for Developing an Individual Curriculum

| To the Dean of the                         |  |  |  |  |
|--|--|--|--|--|
| Faculty of Tbilisi Humanitarian University |  |  |  |  |
| Name, Surname of the student:              |  |  |  |  |
|  |  |  |  |  |
| of the semester                            |  |  |  |  |
| of   |  |  |  |  |
| Bachelor's/Master's program                |  |  |  |  |
| Personal number:                           |  |  |  |  |
| Tel.                                       |  |  |  |  |
| E-mail (required):                         |  |  |  |  |

## Application

Please register me as a student for the spring/fall semester of the academic year and allow me to choose the following subjects from the educational program:

| # | Subject                  | credit | # | Subject | credit |
|---|--------------------------|--------|---|---------|--------|
| 1 |                          |        | 5 |         |        |
| 2 |                          |        | 6 |         |        |
| 3 |                          |        | 7 |         |        |
| 4 |                          |        | 8 |         |        |
|   | Total number of credits: |        |   |         |        |

| (If the student takes additional credit, he/she completes the second part of this application.            |
|---|
| See the second page)  |
|   |
|   |
| I hereby inform you that I have taken a credit in excess of the 30 credits required by the program in the |
| current semester. Therefore, I undertake to pay the corresponding credit(s) in GEL for the period of      |
|   |
| <del></del>   |
| ☐ Student with special needs/disabilities (check if you agree and submit documentation proving special    |
| advectional peeds as an attachment)   |
| educational needs as an attachment).  |
|   |
| $\square$ By checking this box, I confirm that the application was made by me,/ legal                     |
| representative of   |
|   |
|   |
|   |
| Date:   |
|   |



| Tbilisis humanitaruli saswavlo universiteti |          |                |  |               |            |  |
|---|----------|----------------|--|---------------|------------|--|
| TBILISI HUMANITARIAN TEACHING UNIVERSITY    |          |                |  |               |            |  |
| სტუდენტის ინდივიდუალური სასწავლო გეგმა      |          |                |  |               |            |  |
| Faculty:                                    |          | Semester:      |  | Spring/Fall   |            |  |
| Educational program:                        |          | Academic year: |  |               |            |  |
| Student personal data                       |          |                |  |               |            |  |
| First and last name                         |          | Father's       |  | Date of birth | dd/mm/yyyy |  |
|   |          | name           |  |               |            |  |
| Personal N                                  |          | Address        |  | E-mail        |            |  |
| Tel.:                                       |          |                |  |               | ,          |  |
| Student Enrollment                          |          |                |  |               |            |  |
| Order                                       |          |                |  |               |            |  |
| N   |          |                |  |               |            |  |
|   |          |                |  |               |            |  |
| In case of a legal represe                  | entative |                |  |               |            |  |
| First and last name                         |          | Father's       |  | Date of birth |            |  |
|   |          | name           |  |               |            |  |
| Personal N                                  |          | Address        |  | E-mail        |            |  |
| tel.:                                       |          |                |  |               |            |  |

## **Educational courses**

| Semester | Course title | ECTS credits | Grade |
|----------|--------------|--------------|-------|
|          |              |              |       |
|          |              |              |       |
|          |              |              |       |
|          |              |              |       |
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| ☐ Student with special educational needs (if checked, provide a description of the |
|--|
| circumstances that the student needs in the educational process)                   |
|  |
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|  |

| Dean's Signature:                       |        |
|---|--------|
| Date:                                   |        |
|   | Stamp: |
|   |        |
|   |        |
| Student/Legal Representative Signature: |        |
| Date:                                   |        |