BILATERAL AGREEMENT

Within The ERASMUS Program

Period of validity: (Please tick the appropriate box!)

Academic Year

 \boxtimes 2012/2013 \boxtimes 2013/2014

between (name and ERASMUS ID code of the institution)	Universität Konstanz D-78457 Konstanz	D KONSTAN01					
contact person (name, phone, E-mail)	Dr. Sabine Kreissl, Department of Biology Phone: +49 7531 88 2106, E-mail: s.kreissl@uni-konstanz.de						
And (name and ERASMUS ID code of the partner institution)	Univerzita Karlova (Prag)	CZ PRAHA07					
contact person (name, phone, E-mail)							

The above mentioned parties agree to cooperate in the following activities within the ERASMUS Programme. Both parties agree to adhere to the principles and conditions as stated in the ERASMUS Guidelines, the application forms and, in case of approval, the contract. Both parties will endeavour to carry out the agreement to the best of their abilities. Figures refer to the academic years marked above and may be revised annually.

OMS: Student Mobility

ERASMUS subject area		Level			Country		Total number	
Name of Subject Area	Initial	Advanced	Doctoral	From	То	Students	Student months (= sum)	
Biology	x	X	×	DE	CZ	4	10 (= 40)	
Biology	Х	X	X	CZ	DE	4	10 (= 40)	
-	Name of Subject Area Biology	Name of Subject Area Initial Biology X	Name of Subject Area Initial Advanced Biology X X	Name of Subject Area Initial Advanced Doctoral Biology X X X	Name of Subject Area Initial Advanced Doctoral From Biology X X X DE	Name of Subject Area Initial Advanced Doctoral From To Biology X X X DE CZ	Name of Subject Area Initial Advanced Doctoral From To Students Biology X X X DE CZ 4	

TS: Teaching Staff Mobility of short duration (1-8 weeks)

Subject area code	Topic(s) taught	Name of staff member/ N.N.	Home country	Host country	Duration in number of weeks	Number of teaching hours per week
			(A)p			

Signatures of the representatives of both institutions:

Name of institution:

Universität Konstanz

Name and status of the representative:

Renate Krüßmann, M.A.

ERASMUS Institutional Coordinator

International Office, 78457 Konstanz, Germany

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Mail: Erasmus@uni-konstanz,de

Signature:

Date:

Name of institution:

Univerzita Karlova v Praze

Name and status of the representative:

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Date: 12.4.