

**Model BILATERAL AGREEMENT for the academic year 2007/2009
Lifelong Learning Programme: HIGHER EDUCATION (ERASMUS)**

between <i>(name and ERASMUS ID code of the institution)</i>	
contact person <i>(name, address, phone, fax, E-mail)</i>	
and <i>(name and ERASMUS ID code of the institution)</i>	
contact person <i>(name, address, phone, fax, E-mail)</i>	

full legal name of the institutions in their national languages and ERASMUS ID codes

The above mentioned parties agree to implement the cooperation within the Lifelong Learning Programme for the period of two academic years.

Currently, the Swiss Government finances all ERASMUS activities from and to Switzerland. Should the current status of Switzerland with regard to the LIFELONG LEARNING PROGRAMME change, the regulations applying now will automatically be adjusted to those for eligible LIFELONG LEARNING PROGRAMME participants.

The numbers mentioned in this contract are not a commitment; reciprocity and/or prolongation may be discussed. For each academic year both parties will have the opportunity to review the exchange agreed upon in this initial paper. Upon mutual agreement, amendments of the mobility figures can be made before the deadline of the Institutional Contract. The Bilateral Agreement will be valid from 2007-2009 unless either side terminates the present agreement in writing by 30 July of each year at the latest. Both parties will endeavour to carry out the agreement as best as possible.

SM: student mobility

<i>ERASMUS subject area</i>		<i>Level</i>			<i>Country</i>		<i>Total number</i>	
<i>Code</i>	<i>Name</i>	<i>UG</i>	<i>Post-graduate</i>	<i>Doctoral</i>	<i>From</i>	<i>To</i>	<i>Students</i>	<i>Student months (= sum)</i>

TS: teaching staff mobility (1-8 weeks)

<i>Subject area code</i>	<i>Topic(s) taught</i>	<i>Name of the staff member</i>	<i>Home country</i>	<i>Host country</i>	<i>Duration in number of weeks</i>	<i>Number of teaching hours per week</i>

Signatures of the legal representatives/heads of institutions of both institutions:

Name of institution:	Name of institution:
Name and status of the official representative:	Name and status of the official representative:
Signature:	Signature:
Date:	Date: