



# Erasmus+ Programme

Key Action 1  
– Mobility for learners and staff –  
Higher Education Student and Staff Mobility

# MUNI

## Amendment to Inter-institutional agreement 2018-2021

SZ: MU-ISOIS/10030/2015/198637/CZS  
ID: 2990  
Valid from: 11.2.2019

The institutions named below agree to cooperate for the exchange of students and/or staff in the context of the Erasmus+ programme. They commit to respect the quality requirements of the Erasmus Charter for Higher Education in all aspects related to the organisation and management of the mobility, in particular the recognition of the credits awarded to students by the partner institution.

<b>Between</b> (Name of the institution and department, where relevant)	<b>Erasmus CODE</b>	<b>University of Bristol</b> <b>Czech language and Literature</b>
	<b>UK BRISTOL01</b>	
<b>Contact details</b> (name, email, phone)	Institutional Coordinator: Departmental Coordinator:	
<b>And</b> (Name of the institution and department, where relevant)	<b>Erasmus CODE</b>	<b>Masaryk university</b> <b>Department of Czech Literature and Library Studies</b>
	<b>CZ BRNO05</b>	
<b>Contact details</b> (name, email, phone)	Institutional Coordinator: Departmental Coordinator:	

### Staff Mobility for Teaching

The partners commit to amend the table below in case of changes in the mobility data by no later than the end of October in the preceding academic year.

Erasmus Subject area – ISCED code		Country		Staff Mobility for Teaching	
Subject area code	Subject area name	FROM	TO	Teachers	Days
231	Language acquisition	CZ	UK	2	10
231	Language acquisition	UK	CZ	2	10

### Signatures of the legal representatives of both institutions:

According to the Act no. 340/2015 on the Contract Repository, MU is obliged to publish the text of the contract. The contract shall be made accessible to the general public, but personal data, signatures and bank account information shall be omitted.

Name of Institution: University of Bristol Name and function of the official representative:		Name of Institution: Masaryk University Name and function of the official representative:	
Signature:		Signature:	
Date:		Date:	
Stamp:		Stamp:	