



Erasmus+ Programme

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

MUNI

Amendment to Inter-institutional agreement 2020-2021

SZ: MU-ISOIS/10042/2015/198649/CZS

ID: 3005

Valid from: October 9, 2020

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.

Between (Name of the institution and department, where relevant)	Erasmus CODE	University of Patras Department of Mathematics
	G PATRA01	
Contact details (name, email, phone)	Institutional Coordinator: Departmental Coordinator:	
And (Name of the institution and department, where relevant)	Erasmus CODE	Masaryk University Department of Mathematics and Statistics
	CZ BRNO05	
Contact details (name, email, phone)	Institutional Coordinator: Departmental Coordinator:	

Student Mobility for Studies

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		Level			Country		Student Mobility for Studies	
Subject area code	Subject area name	Undergraduate Bachelor	Post-graduate Master	Doctoral	FROM	TO	Students	Months
0540	Mathematics and statistics, not...	yes	yes	yes	CZ	GR	2	12
0540	Mathematics and statistics, not...	yes	yes	yes	GR	CZ	3	18

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 Patras 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:	