

**BILATERAL AGREEMENT for the academic year(s) 2008 – 2013**  
**Lifelong Learning Programme: HIGHER EDUCATION (ERASMUS)**

<b>between</b> <i>(name and ERASMUS ID code of the institution)</i>	<b>Univerza na Primorskem Università del Litorale</b> <b>University of Primorska</b> SI KOPER03
<b>contact person</b> <i>(name, address, phone, fax, E-mail)</i>	<b>Ms. Rosana Tasevski – Institutional Erasmus Coordinator</b> Univerza na Primorskem, Mednarodna pisarna, Titov trg 4, 6000 Koper, SI Tel.: +386 5 61175 11, Fax: +386 5 611 75 32 E-mail: rosana.tasevski@upr.si
	<b>- Departmental Coordinator</b>
<b>and</b> <i>(name and ERASMUS ID code of the institution)</i>	
<b>contact person</b> <i>(name, address, phone, fax, E-mail)</i>	

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

The above parties agree to co-operate in the ERASMUS activities shown below. Both parties agree to abide by the principles and conditions set out in the LLP Guidelines for Applicants and will work according to the principles of the Erasmus University Charter. Both parties will share information on any issue that can facilitate the mobility of students and staff. Both parties undertake to abide by the bilaterally agreed terms of this co-operation agreement.

**SMS: student mobility**

<b>ERASMUS subject area</b>		<b>Level</b>			<b>Country</b>		<b>Total number</b>	
<i>Code</i>	<i>Name</i>	<i>UG</i>	<i>PG</i>	<i>DR</i>	<i>From</i>	<i>To</i>	<i>Students</i>	<i>Student months (= sum)</i>

**TS: teaching staff mobility (1-6 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>
						5
						5
						5
						5

**ST: staff training (1-6 weeks)**

<i>Department</i>	<i>Nature of Training</i>	<i>Home country</i>	<i>Host country</i>	<i>Number of staff per year</i>	<i>Duration in number of weeks</i>
Administrative, International Office, Others	To be defined	SI	SI	1 1	1 1

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

Name of institution: <b>University of Primorska Università del Litorale</b>	Name of institution:
Name and status of the official representative:	Name and status of the official representative:
Signature:	Signature:
Date:	Date: