

ERASMUS+ PROGRAM: HIGHER EDUCATION
Bilateral Agreement for the Academic Years/Period **2018/2019**

between <i>(full legal name and ERASMUS ID code of the institution)</i>		
contact person(s) <i>(name, address, phone, fax, e-mail)</i>		<u>Institutional Coordinator:</u>
and <i>(full legal name and ERASMUS ID code of the institution)</i>	HITIT UNIVERSITY	TR CORUM 01
contact person(s) <i>(name, address, phone, fax, e-mail)</i>		<u>Institutional Coordinator:</u> Assoc. Prof. Dr. Gökçe MEREY Hitit Üniversitesi Uluslararası İlişkiler Birimi Kuzey Kampüsü Çevre Yolu Bulvarı 19030 Çorum / TURKEY Phone: +90364 2191994 E-mail: gokcemery@hitit.edu.tr

The above mentioned parties agree to cooperate in the following activities within the ERASMUS Program. Both parties agree to adhere to the principles and conditions as stated in the LLP Guidelines, the Application Forms and, in case of approval, the Contract. Both parties will endeavor to carry out the agreement as best as possible, even if funds granted from the EU Commission should be lower than expected, and will make efforts to seek complementary funding.

STA- Teaching and Non- Teaching Staff Mobility

Subject Area Code	Topics Taught	Name of Staff Member	Home Country	Host Country	Duration in Number of Weeks	Number of Training Hours per week

Signatures of the Authorized Representatives of Both Institutions

Name of Institution:	Name of Institution: HITIT UNIVERSITY
Name and Status of Representative:	Name and Status of Representative:
Date & Signature-Stamp:	Date & Signature-Stamp: