|  |  |
| --- | --- |
| logo_ec_17_colors_300dpi | Education, Audiovisual and Culture Executive Agency **Erasmus+ : Higher Education - Knowledge Alliances, Bologna Support, Jean Monnet** |

**Institutional profile - Change of data**

***Please note that changes related to the institutional profile, such as change of name or status of the institution should be introduced by the LEAR through the Participant Portal. These changes, once correctly introduced, will be automatically transferred to the ECHE database.***

*Please fill in (if applicable):*

**A. Applicant's ECHE number (not to be mixed with the ID code):**

**A.1. Change of name of the applicant institution (if applicable)**

**New name:**

|  |  |
| --- | --- |
| Full legal name of the institution in the national language \* |       |
| Official Date of name Change |       |
| Translation of this name in English  |       |
| Internet Address |            |

*In order to update the Erasmus Charter database correctly, please attach a copy signed of the institution's statute or the official proof of the modification, to this form stamped and duly signed by the legal representative and send them by post at the address below. You will be informed when the change has been done in the ECHE database. Please also inform your National Agency.*

*Education, Audiovisual and Culture Executive Agency*

*Erasmus+ - Erasmus Charter for Higher Education (ECHE)*

*Unit A2: Knoweldge Alliances, Bologna Support, Jean Monnet, BOU2 03/75*

*Avenue du Bourget 1*

*BE-1049 Brussels*

*BELGIUM*

***Original*** *signature of the legal representative of the institution*

***Original*** *stamp or seal of the institution*

**A. 2. Change legal representative of the institution**

*Please fill in (if applicable):*

**New legal representative:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname of the **legal representative** of the institution  |       | First Name  |       |
| Title (optional) (e.g. Prof., Dr, etc.) |       | Gender | M/F |
| Department/Unit |       |
| Official function within the institution |       |
| Phone (including country and area codes) | +                |
| Fax (including country and area codes) | +                |
| E-mail address (only one address) |      @      |
| **Correspondence address:**Street/ Nr.Post code & townCountry code, Country |                               |
| Official Date of Change |       |

*In order to update the Erasmus Charter database correctly, please attach a copy signed of the appointment letter concerning the new legal representative to this form stamped and duly signed by the new legal representative and send them by post to the address below. You will be informed when the change has been done in the EUC database. Please inform also your National Agency.*

*Education, Audiovisual and Culture Executive Agency*

*Erasmus+ - Erasmus Charter for Higher Education (ECHE)*

*Unit A2: Knoweldge Alliances, Bologna Support, Jean Monnet, BOU2 03/75*

*Avenue du Bourget 1*

*BE-1049 Brussels*

*BELGIUM*

***Original*** *signature of the legal representative of the institution*

***Original*** *stamp or seal of the institution*

**A. 3. Change Erasmus co-ordinator**

**New Erasmus co-ordinator:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname of the **Erasmus Co-ordinator** of the institution  |       | First Name |       |
| Title (optional) (e.g. Prof., Dr, etc.) |       | Gender | M/F |
| Department/Unit |       |
| Official function within the institution |       |
| Phone (including country and area codes) | +                |
| Fax (including country and area codes) | +                |
| E-mail address (only one address) |      @      |
| **Correspondence address:**Street/ Nr.Post code & townCountry code, Country |                              |
| Official Date of Change |       |

*If there is only a new Erasmus coordinator, you can send this form stamped and duly signed by the legal representative to the following email address: EACEA-ECHE@ec.europa.eu. You will be informed when the change has been done in the ECHE database. Please inform also your National Agency.*

***Original*** *signature of the legal representative of the institution*

***Original*** *stamp or seal of the institution*