SVEUČILIŠTE U MOSTARU

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT

Academic Year:
Field of study:
administration; Study period: from 00/00/2027 to 00/00/2027

Name of student: .....

Sending institution: …….
Country: ……..…….

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: .....

Faculty at the Receiving Institution

(please indicate the faculty's name): ……..

Country: .....

Course unit code (if available)	**Course unit title** (as indicated in the information package)	**Number of ECTS credits**	**Number of credits (non ECTS system)** (enclose equivalency to ECTS credits)	**Duration of course unit (Y /S)** **(year / semester)**
	....if necessary, continue this list on a separate sheet ...			

Fair translation of grades must be ensured and the student has been informed about the methodology

Student's signature:..... Date:.....

SENDING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature
.....
Date and Signature:
.....

Institutional coordinator's signature
.....
Date and Signature:
.....

RECEIVING INSTITUTION

Departmental coordinator's signature
Date and Signature:
.....

Institutional coordinator's signature
Date and Signature:
.....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if available)	**Course unit title** (as indicated in the information package)	Deleted course unit	Added course unit	**Number of ECTS credits**	**Number of credits (non ECTS system)**
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
	if necessary, continue this list on a separate sheet.....	☐	☐		

Student's signature:..... Date: .....

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Faculty/Academy ECTS coordinator's signature — Institutional coordinator's signature

....

Date: ..... Date: .....

RECEIVING INSTITUTION

We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature — Institutional coordinator's signature

....

Date: ..... Date: .....

CHANGES to the previously agreed duration of stay

Previously agreed month of arrival: ..... and month of departure:.....

I wish to prolong my stay for ..... months; that is until the month of .....

Student's signature: ..... Date: .....