



**SVEUČILIŠTE
U ZADRU**
UNIVERSITY
OF ZADAR

**URED ZA MEĐUNARODNU SURADNJU
INTERNATIONAL RELATIONS OFFICE**
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TRAINING AGREEMENT FOR EXCHANGE STUDENT

I. DETAILS OF THE STUDENT

Name of the student:

Academic year:

Subject area:

Degree :

Sending institution:

II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

Host organisation: [full official name of the institution]; [official address in full]

Mentor: [name, surname and function]

Planned dates of start and end of the placement period:

From until, that is months

Knowledge, skills and competence to be acquired:

Detailed programme of the training period:

Tasks of the trainee:

Monitoring and evaluation plan:

III. COMMITMENT OF THE THREE PARTIES

Student's signature:

Date:

SENDING INSTITUTION

We confirm that this proposed training programme is approved. On satisfactory completion of the training programme the institution will award ECTS credits or will record the training period in the Diploma Supplement.

Departmental coordinator:

Institutional coordinator's signature:

Head of Department:

Date:

Date:

HOST ORGANIZATION

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student.

Mentor's signature and stamp:

Date:

KLASA:

URBROJ: