



**SVEUČILIŠTE  
U ZADRU**  
UNIVERSITY  
OF ZADAR

**URED ZA MEĐUNARODNU SURADNJU  
INTERNATIONAL RELATIONS OFFICE**

*Mihovila Pavlinovića 1  
23000 Zadar, Hrvatska / Croatia*

*t: +385 23 200 642*

*f: +385 23 316 882*

*URL: <http://www.unizd.hr>*

*E-MAIL: [IRO\\_UNIZD@unizd.hr](mailto:IRO_UNIZD@unizd.hr)*

## **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:** .....