SVEUČILIŠTE U ZADRU
UNIVERSITY OF ZADAR

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LEARNING AGREEMENT FOR EXCHANGE STUDENT

ACADEMIC YEAR 20.. /20 .. **FIELD OF STUDY: ……...…….**

Name of student: ……...……

Sending institution: ……...……

Country: ……...……..

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ……...……..

Country: ……...……..

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
……..	.....	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……...	……..	……

If necessary, continue the list on a separate sheet

Student's signature:

……. Date: ……

SENDING INSTITUTION
We confirm that the proposed programme of study / learning agreement is approved.

Departmental coordinator: Institutional coordinator's signature and stamp:

……. …….

Head of Department:

…….

Date: …… Date: ……

RECEIVING INSTITUTION
We confirm that the proposed programme of study / learning agreement is approved.

Departmental coordinator's signature: Institutional coordinator's signature and stamp:

…… …….

Date: …… Date: ……

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
……	.....	□	□	……
……	……..	□	□	……
……	…….	□	□	……
……	……	□	□	……
……	……	□	□	……
……	……	□	□	……
……	……	□	□	……
……	……	□	□	……
……	……	□	□	……
……	……	□	□	……

……	……	□	□	……
……	……	□	□	……

If necessary, continue the list on a separate sheet

Student's signature: ……. Date: …….

SENDING INSTITUTION We confirm that the proposed programme of study / learning agreement is approved. Departmental coordinator: Institutional coordinator's signature and stamp: ……. ……. Head of Department: ……. Date: ……. Date: …….

RECEIVING INSTITUTION We confirm that the proposed programme of study / learning agreement is approved. Departmental coordinator's signature: Institutional coordinator's signature and stamp: …… ……. Date: …… Date: …….

KLASA: .....

URBROJ: .....