



**SVEUČILIŠTE
U ZADRU**
UNIVERSITY
OF ZADAR

**URED ZA MEĐUNARODNU SURADNJU
INTERNATIONAL RELATIONS OFFICE**
Mihovića 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

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
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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: _____