

Образац 2 (EN)

UNIVERSITY OF BELGRADE



ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

IV. DETAILS OF THE STUDENT

Name of the student:	
Field of study:	Academic year:
Sending institution:	Country:

V. 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)	Semester (autumn/spring)	Number of ECTS credits

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

VI. COMMITMENT OF THE THREE PARTIES

The student
Student's signature:
Date:

The sending institution	
We confirm that the learning agreement is accepted.	
Departmental coordinator's name:	Institutional coordinator's name:
Departmental coordinator's signature:	Institutional coordinator's signature:
Date:	Date:

The receiving institution

We confirm that this learning agreement is accepted.

Departmental coordinator's name:

Institutional coordinator's name:

Departmental coordinator's signature:

Institutional coordinator's signature:

Date:

Date:

CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Name of the student:	
Sending institution:	Country:

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

If necessary, continue this list on a separate sheet

The student
Student's signature:
Date:

The sending institution	
We confirm that the above-listed changes to the initially accepted learning agreement are approved.	
Departmental coordinator's name:	Institutional coordinator's name:
Departmental coordinator's signature:	Institutional coordinator's signature:
Date:	Date:

The receiving institution	
We confirm that the above-listed changes to the initially accepted learning agreement are approved.	
Departmental coordinator's name:	Institutional coordinator's name:
Departmental coordinator's signature:	Institutional coordinator's signature:
Date:	Date: