



**LEARNING AGREEMENT FORM FOR:**

- CEEPUS
- BILATERAL EXCHANGE
- FREEMOVER MOBILITY

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM  
LEARNING AGREEMENT**

**Academic Year: 2019/2020**

Name of student:  
Sending institution:  
Field of study:  
Exchange programme: *(Bilateral, CEEPUS, Freemover..)*:

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

**Receiving institution: Faculty of Humanities and Social Sciences, University of Zagreb**  
**Address:** Ivana Lučića 3, 10000 Zagreb, Croatia  
**Contact person:** Ivana Bedeković, student mobility coordinator (email: [ibedekov@ffzg.hr](mailto:ibedekov@ffzg.hr) )  
**Responsible person:** Prof. Dragan Bagić, Ph.D., institutional ECTS coordinator/vice-dean (email: [mobilnost-ff@ffzg.hr](mailto:mobilnost-ff@ffzg.hr) )

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	Number of credits (non ECTS system) (enclose equivalency to ECTS credits)	Duration of course unit (Y / S / T)
	<b>TOTAL:</b>			
	<span style="color: red;">....if necessary, add rows by using ENTER on a keyboard, in order to complete the list ...</span>			

Fair translation of grades must be ensured and the student has been informed about the methodology

**Student's signature: SIGNATURE IS REQUIRED** Date:.....

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

Departmental coordinator's signature	Institutional coordinator's signature and stamp
.....	.....
<b>SIGNATURE IS REQUIRED</b>	<b>SIGNATURE AND STAMP ARE REQUIRED</b>
Date: .....	Date: .....

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

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

Name of student: .....

Sending institution: **FACULTY OF HUMANITIES AND SOCIAL SCIENCES** Country: CROATIA

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/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	Number of credits (non ECTS system)
		<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"/>		
	<b>TOTAL:</b>				
	...if necessary, add rows by using ENTER on a keyboard, in order to complete the list ...				

**Student's signature: SIGNATURE IS REQUIRED** Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

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

**SIGNATURE IS REQUIRED** ..... **SIGNATURE AND STAMP ARE REQUIRED** .....

Date: ..... Date: .....

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

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

Date: ..... Date: .....

**CHANGES to the previously agreed duration of stay**

Previously agreed month of arrival: ..... and month of departure:.....

I wish to prolong my stay for ..... months; that is until the month of .....

Student's signature: ..... Date: .....