



Medika College for Vocational Studies in Healthcare
8 Mitropolita Petra Street, Belgrade, Serbia
www.medika.edu.rs

Learning Agreement

1. Student

First and Last name		
Gender (circle)	Male	Female
Date of Birth		
Place of Birth		
Address		
Nationality		
Phone		
E-mail		

2. Sending institution

Institution	
Department	
Address	
Contact person	
Phone	
E-mail	

3. Receiving institution

Institution	
Department	
Address	
Contact person	
Phone	
E-mail	

4. Current studies (at sending institution)

Department	
Study cycle	
Study year	
Duration of the Study Programme	

ECTS obtained at the time of application	
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5. Study Programme at the Receiving Institution

Planned period of the mobility: from (month/year) _____ to (month/year) _____

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
Total number of ECTS			

6. Recognition at the Sending Institution

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
Total number of ECTS			

Student's signature:

Place and date:

Sending Institution

We confirm that the proposed programme of learning agreement is approved and will be recognized at our university once the student returns from his/her mobility.

Academic Coordinator:

Director of the Institution:

Place and date _____

Receiving Institution (signatures to be obtained after the beginning of mobility)

We confirm that the proposed programme of learning agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

Academic Coordinator:

Contact person:

Place and date _____

Changes to Learning Agreement

(to be filled ONLY if appropriate)

1. List of Deleted Courses

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
Total number of ECTS			

2. List of Added Courses

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
Total number of ECTS			

Student's signature:

Place and date:

Sending Institution

We confirm that the proposed programme of learning agreement is approved and will be recognized at our university once the student returns from his/her mobility.

Academic Coordinator:

Director of the Institution:

Place and date _____

Receiving Institution (signatures to be obtained after the beginning of mobility)

We confirm that the proposed programme of learning agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

Academic Coordinator:

Contact person:

Place and date _____