

FORM 2

LEARNING AGREEMENT

ACADEMIC YEAR: 20__ / 20__
MOBILITY PERIOD: _____

| | |
|---|---|
| Student: | |
| Transcript number: | |
| Current study cycle (Bachelor, Master): | |
| Field of study (study program): | |
| HOME institution: | Information Technology School - ITS 7 Savski nasip, 11070 Belgrade 34 Car Dusan St, 11080 Zemun, Belgrade, Serbia info: office@its.edu.rs |
| HOST institution: | |

Please note: Make sure you choose courses of relevance to your study programme at your home university so that the courses completed during your mobility will be recognized as counting towards your degree! Make also sure you choose courses which are indeed offered at your chosen host universities.

Please note: All Undergraduate and Master exchange scholars need to successfully complete at least ECTS/month for the period of their mobility!

In case you are planning to do research activities for your bachelor or master thesis, please precisely describe your planned research activities below (instead of / additionally to listing your courses below).

| Course unit code | Course unit title | Number of ECTS credits |
|------------------|-------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Date: _____

(Student's signature)

| HOME INSTITUTION | |
|--|----------------------------|
| We confirm that the proposed study and research plan is approved, is in accordance with the applicant's field of studies and research, and will be recognized at Information Technology School - ITS once the student returns from his/her mobility. | |
| Dean of the _____ | Director of the ITS |
| _____ | _____ |
| (Signature) | (Signature) |
| Date: _____ | Date: _____ |

FORM 2

HOST INSTITUTION

The host institution will provide student accommodation: Yes / No (*) If yes, give all
Accommodation details: _____

The host institution will provide student meals for students: Yes / No (*)

The host institution will provide student public transport: Yes / No (*)

The host institution will enable student to use health care: Yes / No (*)

(*): Please indicate appropriate answer

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.

On completion of the programme the host institution will issue a Transcript of Records to the student.

Contact person at receiving institution

(Signature)

Date: _____