FORM 3

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
PROFESSIONAL PRACTICE CONTRACT

1. Student's Personal data

First and Last Name:		
Student's transcript number:		
Study Program:		
Study cycle (circle):	Bachelor	Master
Year of Study:		
Academic Year:		
Student home institution:	Information Technology School - ITS	
Home institution address:	7 Savski nasip, 11070 Belgrade 34 Car Dusan St, 11080 Zemun, Belgrade, Serbia	

2. Details of the proposed program of professional practice abroad

Name of the educational institution (host) where the ITS student achieves mobility (studies or professional practice) abroad			
Study program student applies for:			
Study cycle student applies for:	Bachelor	Master	Doctoral
Year of study:			
Study period (duration of stay; No. of study months):	start date _____ end date_____ Number of months: _____		
Semester during exchange:	Summer	Winter	Year

- Knowledge, skills and competencies that would be acquiered:

- Detailed program of professional practice:

- Students assignments:

- Monitoring and evaulation plan:

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3. Information on the partner higher education institution in the host country (optional)

Retaining full responsibility for the stay and for any modification of this contract, the home educational institution has a local partner (specify the name of the partner higher education institution) in terms of assisting in monitoring mobility abroad. All partners will notify the home educational institution of the changes.

Contact person in the partner institution:
First and Last name: _____
Function: _____
Phone number: _____
E-mail: _____
Address: _____
_____

4. Consent form of three parties

Student

Date: _____

Place: _____

_____
(Student`s signature)

Home education institution

We confirm that the proposed internship program has been accepted. This stay is part of the study program: YES / NO (*)

Upon succesfull completition of program, the home educational institution will:
• record the completed internship in the Diploma Supplement .
• award ECTS credits: YES / NO (*) If YES, number of ECTS credits is: _____
• record data of professional practice in the Transcript of Records: YES / NO (*)
• additionally the mobility period will be recorded in the Europass Mobility Document: YES / NO (*)
(*) circle the correct answer

Name, surname, coordinator function: _____

Date: _____

_____
(Coordinator`s signature)

Host organization

Students will receive cash benefit for their stay   Yes ☐   No ☐
Students will receive non –cash benefit for their stay   Yes ☐   No ☐
We confirm that the proposed internship program has been accepted. Upon successful completion of the internship program, the organization will issue a certificate to the student

Name, surname, coordinator function: _____

Date: _____

_____
(Coordinator`s signature)