

Образац 3 (EN)

UNIVERSITY OF BELGRADE



**ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
TRAINING AGREEMENT**

I. DETAILS OF THE STUDENT

Name of the student:	
Subject area:	Academic year :
Degree :	
Sending institution:	Country:

II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

Host organisation:

Planned dates of start and end of the placement period: from till (..... months).

- Knowledge, skills and competence to be acquired:
- Detailed programme of the training period:
- Tasks of the student:
- Monitoring and evaluation plan:

III. INFORMATION on THE PARTNER HIGHER EDUCATION INSTITUTION in the HOST COUNTRY (OPTIONAL)

Whilst keeping full responsibility for the placement and for any modification to this agreement, the sending institution has a local partnership with *(to be filled in with the name of the partner higher education institution)* in view of helping with the monitoring of the mobility abroad.

All parties will keep the sending institution informed of their exchanges.

The contact person in the partner institution is:

Name: _____ Function: _____

Phone number: _____ e-mail: _____

Address: _____

IV. COMMITMENT OF THE THREE PARTIES

By signing this document the student, the sending institution and the host organisation confirm that they will abide by the principles of the Quality Commitment for Erasmus student placements set out in the document below.

The student

Student's signature

..... Date: _____

The sending institution

We confirm that this proposed training programme agreement is approved. The placement is part of the curricula Yes / No (*)

On satisfactory completion of the training programme the institution will

- record the training period in the Diploma Supplement.
- award ECTS credits: Yes / No (*) If Yes, please indicate number of ECTS credits:
- record the training period in the student's Transcript of Records: Yes / No (*)
- In addition, the mobility period will be documented in the Europass Mobility Document: Yes /No (*)

(*): Please indicate appropriate answer

Coordinator's name and function

Date:

Coordinator's signature

The host organisation

The student will receive a financial support for his/her placement Yes No

The student will receive a contribution in kind for his/her placement Yes No

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student.

Coordinator's name and function

..... Date:

Coordinator's signature