



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

Academic Year: 2024/2025

Field of study:

Study period: from october until february

Name of student:

Sending institution:

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:UNIVERSITY OF ZAGREB.....

Faculty of the UNIVERSITY OF ZAGREB

(please indicate the faculty's name): Faculty of Economics & Business

Country:CROATIA.....

Course unit code (if available)	Course unit title (as indicated in the information package)	Number of ECTS credits	Number of credits (<u>non</u> ECTS system) (enclose equivalency to ECTS credits)	Duration of course unit (Y/S) (year / semester)
71497	Marketing Management	6		semester
182218	comparative economic systems	6		semester
143090	human resource management	6		semester
128663	Management of innovation	5		semester
143092	Management skills	6		semester
59979	Financial institutions and markets	6		semester
60879	Marketing	6		semester
83097		6		semester
60877	Entreprise information systems	6		semester
83098	Strategic Management	6		semester

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

Student's signature:

SENDING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if available)	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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	if necessary, continue this list on a separate sheet.....	<input type="checkbox"/>	<input type="checkbox"/>		

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

SENDING INSTITUTION

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

Faculty/Academy ECTS coordinator's signature

Institutional coordinator's signature

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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

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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: